Tennessee

IMPLEMENTATION REPORT
FY 2006

COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

OMB - Approved 08/26/2004 - Expires 08/31/2007

(generated on 11-29-2006 11.21.18 AM)

Center for Mental Health Services
Division of State and Community Systems Development

Introduction:

The CMHS Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0080.

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Adult - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

ADULT SERVICES

1. Summary of Areas Needing Improvement

The following eight areas were prioritized as needing improvement in the FY06 Block Grant Plan:
1) alternatives to hospitalization, including models effective for rural areas;
2) increased anti-stigma efforts;
3) mental health education for primary care providers;
4) development of a peer specialist program;
5) expansion of services for consumers interfacing with the criminal justice system;
6) continued efforts in consumer and family support and education services,
7) promotion of recovery-oriented services, including transportation, employment and housing, and
8) monitoring the impact of TennCare reform of adults with SMI.

Accomplishments in these areas and others in the adult service system will be reported as they relate to achieving the promise of a service system built on the six goals of the New Freedom Commission on Mental Health and document FY06 activities on strategies under each of these six goals in the Department's Three Year Plan.

1. Americans understand that mental health is essential to overall health.

Reduction of Stigma

- In 2006, the Commissioner of MHDD initiated a personal "Overcoming Stigma Campaign". This is a multi-year project to take the message that mental health consumers are our friends, family members, co-workers and neighbors and mental illness is treatable. The plan includes multi-year strategies, focusing on various groups. For 2006, the focus is on community civic and business leaders: Chambers of Commerce, Kiwanis and Rotary Clubs, etc. Commissioner Betts scheduled presentations to fifteen groups, presenting facts on mental illness, its impact on families and communities, and education on effective treatment.

- The Middle Tennessee Mental Health and Substance Abuse Coalition's Creative "Arts for Awareness" Project, supported by funding from local CMHAs, the Tennessee Arts Commission, the Metropolitan Arts Commission of Nashville, and DMHDD, celebrates artwork by Tennesseans living with mental illness and substance abuse disorders who find art and creative activities an important part of recovery. To celebrate National Mental Health Month, over fifty consumer artists were honored at the state Capitol on May 1, 2006 with a reception hosted by DMHDD and the Coalition. Attendees met Governor Bredesen and shared and discussed their various works. Pieces of art were displayed in legislative offices throughout the month. During the two-year project, artwork has or is expected to be exhibited at the Legislative Plaza, in agencies, libraries and art galleries, and an exhibition at the Nashville Parthenon Museum is being negotiated for 2007.

- In June 2006, with assistance from the Alabama Mental Illness Planning and Advisory Council and funding through the Housing Within Reach grant, three Commercial Public Service Announcements were developed to combat discrimination in housing. The announcements aired during prime time on four cable television channels throughout the month of June.

- Further efforts include consumer presentations at University staff in-services, publication of consumer success stories in departmental publications and local media, educational efforts within the faith-based community and advocacy efforts for insurance parity.

Strategy for Suicide Prevention

- The Tennessee Suicide Prevention Network (TSPN), www.tspn.org, continues to work through eight regional suicide prevention network groups across the state. The network carries out their work through eleven strategies targeted to impact suicide rates in Tennessee: promote awareness, broaden support, reduce stigma, develop prevention programs, reduce lethality access, recognize risk, promote effective clinical practices, improve access to treatment, improve media portrayal of suicide and mental illness, promote research, and improve and expand surveillance systems.

  The network provides gatekeeper training to help all caregivers become more comfortable, competent and confident when dealing with persons at risk. ASIST (Applied Suicide Intervention Skills Training) is a two-day intensive, interactive and practice-dominated course designed to help caregivers recognize and estimate risk, and learn how to intervene to prevent the immediate risk of suicide.

  TSPN supports two 24/7 hotlines and promotes the development of Suicide Anonymous (SA) and Survivors of Suicide Attempts (SOSA) support groups, self-help programs for mutual support based on the model of Alcoholics Anonymous. The purpose of these programs is to provide safe environments for people to share their struggles with suicide and to develop strategies for support and healing from the devastating effects of suicidal preoccupation and behavior. One SA group currently exists in Memphis and one SOSA in Nashville.

  Seven Survivor of Suicide groups located across the state are available to anyone who has lost a loved one through suicide or who is helping someone who has lost a loved one through suicide.

Parity and Integrated Services

- During FY06, the Commissioner of MHDD worked closely with the Commissioner of the Department of Commerce and Insurance to assess legislative, regulatory and public/private partnership strategies to enhance behavioral health benefits in parity with those for physical health. The Commissioner and other DMHDD staff actively advocated for adequate behavioral health benefits as part of the new Cover Tennessee plan. Public Chapter 812, passed in the 2006 legislative session, requires DMHDD, in conjunction with community stakeholders, to recommend options for access to non-emergency behavioral health services for individuals in the state who are uninsured.

- DMHDD supports integrated models for medical and mental health care. In previous years, Block Grants funds supported evaluation of a mental health/primary care interface model. The program provided consultation and technical assistance to other provider agencies interested in replication of the model. The DMHDD Division of Clinical Leadership is leading a collaborative effort to educate primary care providers and human service professionals about mental health issues across the lifespan by providing informative materials that include screening tools and referral resources for use by primary care physicians and human service professionals.

  The new managed care contracts for the Middle Tennessee area are integrated behavioral health models with the Managed Care Organization managing physical and mental health services for improved enrollee care coordination and efficiency. Enrollees can expect greater focus on case and disease management and an emphasis on preventative care to improve individual health outcomes.

- Tennessee is fortunate to have at least one community provider in East Tennessee, Cherokee Health Systems, that has developed a biopsychosocial approach to health care by integrating behavioral services into primary care. An integrated health care team works within a primary care setting and are involved in on site and timely assessment, brief intervention and consultation with patients. Services include education, behavioral management and treatment for mental health disorders. After meeting with a physician or nurse, a psychologist may assess and treat patients with behavioral concerns and work with the medical provider regarding referral questions and follow-up.

2. Mental health care is consumer and family driven.

Individual Planning

- All clinical treatment services are required to prepare individualized plans of care for service recipients. Use of Wellness Recovery Action Plans (WRAP), Advanced Directives, the BRIDGES (Building Recovery of Individual Dreams and Goals through Education and Support) educational curriculum on illness management and recovery, and treatment shared outcomes monitoring enables consumers to more effectively participate in their course of treatment. For FY06, 81% of adults reportedly positively on the Participation in Treatment Planning domain portion of the annual consumer survey.

Consumer/Family Involvement

- Tennessee has long been a leader in recognizing the benefit of the consumer perspective and was the second state to hire a mental health consumer and establish a state-level Office of Consumer Affairs. More than fifteen years ago, DMHDD waived educational requirements under the Medicaid Case Management option to actively recruit mental health consumers. Today, it is estimated that a minimum of 170 self-identified mental health consumers are paid employees within the public behavioral health system of treatment and support services. Family members provide services as trainers, group facilitators and regional advocates throughout the adult and child and youth service system. Youth service recipients serve on advisory groups for child and adolescent services and a statewide Youth Council.

- State and Regional Planning and Policy Councils and other service advisory committees include a majority of consumer and family members. Through the Council process, behavioral health service system needs are identified and prioritized annually. This process allows for a broad grassroots forum to advise the Department on the desirable array of prevention, early intervention, treatment, and habilitation services and supports for service recipients and their families and provides citizen participation in the development of the DMHDD annual budget improvement request.

- DMHDD partners with the Tennessee Chapter of the National Alliance for the Mentally Ill (NAMI-TN) to educate family members about mental illness, its treatment and recovery, using the "With Hope in Mind" educational program and TN Mental Health Consumers Association (TMHCA) to provide consumer support and education activities, including BRIDGES.

- On July 1, 2006, Tennessee Drop-in Centers were renamed Peer Support Centers, with statewide training for consumer staff in recovery-oriented philosophy and activities planning. In spite of a lack of funding for peer specialist positions, staff continue to develop a certification process including training, skill set requirements and job descriptions.

Services Matching Needs

- The consumer movement has made it clear that adults with a mental illness want what the majority of us want - a home, an education, work, fun, friends and loved ones. Mental illness takes a toll not only on the mind and body, but on earning power, educational aspirations, relationships, life plans and future expectations. Disability income, day treatment and public housing is too often the final result, with many seeing no path to "recovery", even when the illness is well-managed.

  Building on the nationally recognized success of Tennessee's community collaboration model of the Creating Homes Initiative (CHI), the SETH Campaign was announced and implemented in 2004 by DMHDD. The SETH Campaign is a targeted, grassroots, local-community, multi-agency collaboration to increase recovery service options and availability for Tennesseans diagnosed with mental illness and co-occurring disorders in the areas of: Support, Employment/Education, Transportation and Housing/Homelessness.

  These four key components are essential for persons with mental illness and co-occurring disorders to fully integrate into, and become contributing members of, their communities of choice.

  - Support: A primary support open to all adult consumers of mental health services are the 50 Peer Support Centers serving 83 of 95 counties across the state. These consumer-run centers provide a non-discriminatory atmosphere in which consumers can develop rehabilitative and recovery skills needed to enable full reintegration into community activities. Wellness Recovery Action Plans (WRAP) are now being implemented in many Peer Support Centers.

    DMHDD continues funding to provide consumer and family support and education groups through advocacy organizations for both consumers and family members and supports a number of consumer empowerment activities.

While funding is uncertain, staff are moving forward with developing a certification process for peer specialist positions.

- Employment/Education: The Creating Jobs Initiative (CJI) kick-off occurred in cities across Tennessee in FY06 with a goal of increasing the number of persons with mental illness employed statewide by 2,010 persons by 2010. The CJI is a strategic plan to partner with Tennessee communities to increase employment opportunities for persons with mental illness across the state. The Office of Employment Planning and Development is responsible for overseeing the creation, implementation, regulation and continuation of programs that assist individuals diagnosed with mental illness or co-occurring disorders who want to work.

  As part of the CJI initiative, the Department of Human Services, Division of Vocational Rehabilitation (VR) Services has re-established a Mental Health Coordinator position. A "crosswalk" training was held for VR and Mental Health staff and a new referral form was developed to decrease wait time for services, improve communications between departments and establish consumer priority status without the necessity of a large transfer of records. Seven VISTA volunteers, all mental health consumers, are active in regional job creation activities.

  Strategies are currently being developed to provide supported education services.

- Transportation: DMHDD provides funding for van transportation to and from Peer Support Center activities. Division of Recovery Services and Planning staff are active in the Department of Transportation's (DOT) statewide planning efforts and are involved in discussions around consumer transportation needs as public transit system plans are developed.

  The DMHDD transportation services coordinator regularly distributes a current list of available city, county and specialized transportation services offered by the DOT to community providers across the state.

- Housing/Homelessness: Housing options continue to grow through the CHI with $120,000,000 in leveraged funding as of 11/05. New awards in FY06 included the Federal Home Loan Bank of Cincinnati, HUD Continuum of Care, and Tennessee Housing Development Agency HOME grants.

  To date, more than 4,800 housing options have been created or improved through the collaborative efforts of CHI. Preliminary research has shown a 95% decrease in hospitalizations because of CHI housing. A longitudinal evaluation is being conducted as part of the CMS Real Choice Systems Change Housing Within Reach Project. The sample group is persons who were hospitalized within the previous two years prior to either residing in CHI housing (40%) or in other stable housing (60%). Preliminary findings from the baseline interviews are forthcoming.

Aside from the traditional PATH programs, strategies for homeless services include technical assistance to determine the feasibility of a housing first/employment first strategy to end chronic homelessness in Knoxville, Memphis and Nashville. The project's work plan includes identifying current homeless service providers, analyzing process and procedures, determining duplications and gaps in service, streamlining and encouraging cooperative agreements and developing funding resources for services in each city.

Criminal Justice/Mental Health Interface

- The criminal justice mental health liaison program was expanded to eighteen projects serving twenty-three counties, providing services to adults with behavioral health needs in jails, diversion activities, and education and training for law enforcement and court personnel. Both urban and rural jails are included in the project. A budget improvement request for additional positions was not funded. A "tracking and impact log" reports a number of outcome measures appropriate to the population: pre-arrest and post-arrest diversion, maintenance of probation, deferral from forensic evaluation, recidivism, and reduction in jail time. Criminal Justice/Mental Health liaison staff also participate in basic training for the Tennessee Correctional Institute, Mental Health Crisis Management Training and other general training and educational sessions.

3. Disparities in Mental Health Services are Eliminated

Cultural Competency

- Beginning with the Cultural Competency Committee (CCC) of the State Mental Health Planning and Policy Council to the CCC Task Force report, Tennessee has steadily made improvements in a culturally competent work force. Culturally competent service providers are aware and respectful of the importance of the values, beliefs, traditions, and customs of the people they work with. In addition, services are planned and delivered in regard to the cultural strengths of both the family and the community.

  Through collaborative efforts of the CCC and refugee services within the community, a Mental Health Association contract supports development of a "mental health for interpreters" curriculum, training for providers in the effective use of interpreters, and a listing of services and supports for cultural minorities. On the FY06 consumer survey, 95% of adults answered positively on the question: "Staff were sensitive to my cultural background (race, religion, language, etc.)."

Rural Access

- The DMHDD Division of Managed Care maintains geoplots of BHO service providers and monitors geographical access to emergency, urgent and routine care. However, geographical accessibility may not always equal actual access due to provider capacity. When disparities occur, the issue becomes a point of contract negotiation for provider expansion in a needed area. A critical issue for rural residents is their ability to access medical or mental health specialists. Several rural-based CMHAs participate in the federal rural recruitment and retention plan to hire psychiatrists and psychologists.

In addition, forty-two telemedicine sites have the capacity to provide increased access and availability to physician services for those living in rural areas where Tennessee has the greatest psychiatrist shortages.

4. Early Mental Health Screening, Assessment, and Referral to Services

Promote Early Detection

- Early detection generally evokes thoughts of childhood screening; however, early detection is essential in adults as well. Early diagnosis and appropriate treatment can mitigate life long disability in many cases. The DMHDD Division of Managed Care (DMC), through the BHOs, promotes efforts to educate TennCare eligible members on the early signs of mental illness, service availability and access procedures. Criminal justice/mental health liaisons offer screening and assessment to adults coming into contact with the jail system and refer to appropriate treatment services.

  Crisis stabilization and respite services provide an alternative to inpatient treatment before symptoms and/or behavior necessitate involuntary commitment. The Chattanooga Crisis Stabilization Unit (CSU) continues to provide successful intervention for persons in psychiatric crisis. In FY06, the CSU reported a 96% diversion rate from inpatient services. Several other regions of the state have developed plans for establishing CSUs, but the lack of financial resources for staffing is a barrier to completion. The newly contracted managed care program for Middle Tennessee, slated to begin in April 2007, includes plans for three CSUs to provide early intervention, brief treatment and diversion from hospitalization in the service area.

  Psychiatric crisis response teams are available in all counties in Tennessee with the goal of intervention during situational crises for all citizens, and mandatory pre-screening agents screen prospective admissions to state hospitals to assure that no less restrictive level of care is adequate to meet the person's needs.

- Screening for co-occurring disorders is mandated for persons entering state psychiatric hospitals, and DMHDD supports training and education in the integrated treatment model. Strategies are under development to educate primary care providers on the necessity of screening for mental health and substance abuse issues across the lifespan, targeting early assessment and intervention through consultation and referral.

5. Excellent Mental Health Care is Delivered and Research is Accelerated

Research

- The DMHDD Office of Clinical Leadership (OCL) is actively involved in reviewing the latest research and using findings to update best practice guidelines. The OCL staff regularly contributes articles to professional publications, ten in FY06, and presents at meetings and conferences across the state.

Science to Service

- DMHDD and it's contracted providers are striving toward full accountability for service recipient outcomes. Individual programs utilize annual survey data to refine service delivery.

Preliminary work has begun in identifying methods of evaluating the success of DMHDD funded/facilitated programs with the use of outcomes based evaluation strategies that inform providers and DMHDD about effectiveness. Outcome expectations and evaluation measures have been integrated into each provider contract scope of services.

- The Tennessee Outcomes Measurement System (TOMS), in development, is designed to provide feedback to DMHDD, providers and service recipients on direct outcomes of services provided.

Evidenced Based Practices (EBPs)

- The Department promotes evidence-based and best practices throughout the service system. While some variation of EBPs identified and promoted through SAMHSA toolkits are provided, DMHDD is moving toward refinement of service delivery based on minimum fidelity measure requirements developed through Data Infrastructure Grant activities. A table on the following page shows availability of services by agency and estimated number served.

  Medication management is a significant evidence based practice as medications are an essential component in the recovery process for the majority of persons suffering from a serious mental illness. During FY06, DMHDD staff studied and consulted with the Texas Medication Algorithm Project (TMAP) and, after many months of planning and preparation, began enrolling patients in the Tennessee Medication Algorithm Project (TNMAP) at one state psychiatric hospital in July 2006. TNMAP is a treatment philosophy for the medication management portion of care consisting of evidence-based medication treatment algorithms, clinical and technical support necessary to allow algorithm implementation, patient and family education programs that allow the patient to be active in their individual care plan and uniform documentation of care provided and resulting patient outcomes.

  Currently, the goal of TNMAP is to improve the quality of care and achieve the best possible patient outcomes for adults with schizophrenia with future plans to expand to other diagnostic categories and all five state psychiatric facilities.

EVIDENCED BASED PRACTICES FOR ADULTS

Agency	Support Housing	Support Emp	PACT	Fam PsyEd	Int Tx COD	IMR
BRIDGES						546
Carey		2				
Centerstone		32				
Cherokee	20				85	
Fortwood	58					
Frayser	24				50	
Frontier	89	110			250	
McNabb			102			
MH Coop			106			
Midtown N/R						
Park Center	166	61				
Pathways						
Peninsula N/R		3				
Prof. Care	78					
Quinco N/R						
Ridgeview	49	40			110	
Southeast	53				35	
Volunteer	27	2				
Whitehaven	42				35	
TOTAL	**606**	**250**	**208**	**0**	**565**	**546**

Information based on FY06 Agency EBP Survey - 83% response rate. (N/R = no response)

Workforce Development

- In partnership with the University of Pennsylvania, a work plan was developed for a train the trainer course in Illness Management & Recovery (IMR) and Supported Employment (SE). The training was conducted by Dr. Kate Donegan with the Matrix Center @ Horizon House, Inc. and Norm Council with Northern Management Consultants.

  IMR training was completed in July 2006 and SE training took place in September 2006. Fifteen staff completed both trainings. Trainers will replicate training events in their respective areas of the state and track success using fidelity measures.

- Along with the University of Tennessee, DMHDD sponsors the Tennessee Interdisciplinary Health Policy Program, rotations within state government for law, medical and pharmacy students. The goal is to encourage the various disciplines to learn to work together as a team to improve health care in Tennessee and to learn how health care policy is established in the state. Agencies sponsoring students include Mental Health and Developmental Disabilities (lead agency), Children's Services, and Correction; the Health Related Boards; and the Tennessee Bureau of Investigation.
- The Office of Clinical Leadership, in cooperation with the TDMHDD Advisory Panel on Best Practice Guidelines, has developed Best Practice Guidelines for Adult Behavioral Health Services for use by psychiatrists, primary care physicians, psychologists, health service providers, nurses, nurse clinicians, physician extenders, social workers and other health care professionals to promote a high quality of care for adults and children served by Tennessee's public health system.

Recovery Orientation

- DMHDD is dedicated to promoting a recovery orientation throughout the behavioral health service system. The development of a division dedicated to recovery services through the SETH initiative, the support of consumer and family education programs, widespread access to Peer Support Centers and the number of consumer staff within the mental health system attest to that truth.

- DMHDD and Magellan, the parent company of Tennessee's Behavioral Health Organizations, in partnership with the TN Association of Mental Health Organizations (TAMHO), TMHCA, TN Voices for Children (TVC), and NAMI-TN, met to plan for a statewide symposium on resiliency/recovery to be held in November 2006. The overall theme for the Symposium is "Recovery/Resiliency-Building the Foundations for System Change. The vision and outcome for the Symposium is that there will be a common understanding that Recovery and Resiliency are real, possible, and achievable and a shared commitment to transform the public mental health system to promote and support recovery and resiliency for all persons with mental illness or emotional disturbance.

  The target audience of the Symposium includes four groups: 1) family members, 2) consumers, 3) key policy makers, and 4) key staff within provider agencies including the CEOs, clinical directors, and agency board members. Goals of the conference include: develop a shared consensus on the definition of recovery; align philosophy, policy, contracts and incentives to promote resiliency/recovery; and create a collective enthusiasm for recovery-oriented models across service sectors.

- In response to stakeholder concerns that a support and recovery focus might get lost in the new Middle Tennessee carve-in managed care contract, DMHDD recently published *Managed Care Standards for the Delivery of Behavioral Health Services*, which states: “All behavioral health services shall be rendered in a manner that supports the recovery of persons experiencing mental illness and enhances the development of resiliency of children and families who are impacted by mental illness, serious emotional disturbance, and/or substance abuse issues.” Definitions of recovery and resiliency are based on the Ten Fundamental Components of Recovery and on the System of Care Values and Principles endorsed by SAMHSA and CMHS.

6. Technology is Used to Access Mental Health Care and Information

Telemedicine

- DMHDD promotes state of the art diagnostic systems such as telemedicine to increase response time for diagnosing patients, reduce stressors on the persons with a potential mental illness, and eliminate transportation costs. Currently, forty-two telemedicine sites have the capacity to provide increased access and availability to physician services. Staff monitor telehealth access through review of agency requests and encounter data. BHOs educate providers on the appropriate utilization of telehealth and promote and encourage its use. DMHDD telemedicine guidelines are in the process of being revised and updated, and a work group is being developed to address barriers to utilization and promote telemedicine services statewide.

A pilot project using televideo for assessments for involuntary emergency admissions is in place at one state psychiatric hospital to promote access to inpatient services for those for whom a less restrictive alternative is unsuitable, to coordinate the admissions process, and to eliminate unnecessary travel, time and stress for consumers, family and law enforcement.

Information Access

- In the National Alliance for the Mentally Ill's "Grading the States 2006", Tennessee received an "A" in the "Information Access" category. The Department of Mental Health and Developmental Disabilities website, www.state.tn.us/mental/, provides information for consumers and family members on a variety of available resources: involvement in the criminal justice system, combating discrimination in housing, consumer survey reports, etc.

  The Housing Within Reach website, www.housingwithinreach.org, designed to assist consumers and family members find safe, affordable and appropriate housing options, is very popular and is also a link on the NAMI Tennessee website. During the fourth quarter of FY06, 9,998 visitors viewed 12,648 pages on the site. Development of a similar site for employment availability is being investigated.

Electronic Health Record

- During FY06, Tennessee studied electronic health record and personal health information systems used in other states and strategies used to transition to electronic health information systems. The plan developed required legislative funding, but the initiative was not approved for funding in the FY07 budget improvement package.

Mental Health Safety Net Services

- A basic package of services was developed for adult service recipients with SMI losing TennCare eligibility during TennCare reform. Service eligibility was expanded to include any of the adult disenrolled population who receive an assessment of SMI.

  As of November 14, 2006, approximately 58% of 21,294 adult disenrollees eligible for the MHSN have registered with a CMHA for services. DMHDD and the provider community, through letters, phone calls and community outreach, continue to inform disenrolled adults of the availability and process for receiving MHSN services.

  Disenrollees with SMI are being tracked to determine the impact of loss of health care benefits and the adequacy of MHSN services.

Tennessee

Adult - Most Significant Events that Impacted the State Mental Health System in the Previous FY

Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

ADULT SERVICES

2. Significant Events Impacting State Mental Health System

TennCare Waiver Reform

- On August 1, 2005, the disenrollment of an estimated 191,000 adults from TennCare began. These were adults who did not currently meet any of the open eligibility requirements for Medicaid. Prescription benefits were also reduced from "unlimited" to five per month. TennCare reform led to several consequences with direct impact on the mental health system in FY06.
  - An estimated 17% decrease in the total number of adults receiving services through the public mental health system.
  - An estimated 10% decrease in the total number of adults with SMI receiving services through the public mental health system.
  - Along with the total loss of the IMD exception for inpatient services, the five state psychiatric facilities experienced a significant increase (41%) in dollars expended above revenue received to provide inpatient mental health services. (FY04: $60.1 million above revenue; FY05: $70.7 million; FY06: $99.9 million)

  In addition, TennCare reform activities coincided with the Medicare Part D pharmacy benefit for those individuals with Medicare or Medicare and Medicaid eligibility who would not receive medication benefits through the state Medicaid program after January 2006.

  A comparison of enrollment by age between December 31, 2004 and August 31, 2006 is shown in the table below:

Age Range	***0-20***	***21-64***	***65 +***	***Total***
December 31, 2004 ①	636,600	589,900	131,200	1,357,700
August 31, 2006 ②	664,884	444,814	86,276	1,195,974
Difference	**28,284**	**(145,086)**	**(44,924)**	**(161,726)**

① *Source: TennCare Annual Report 2004-2005, www.state.tn.us/tenncare/.*
② *Source: TennCare Partners Eligibility and Demographics Report, August 31, 2006, DMHDD, Division of Managed Care.*

  As show above, TennCare waiver reform reduced the age 21-64 population by 24.6% and the 65 and older population by 34.2% with an overall decrease of 26.3% or 190,010 fewer adult TennCare service recipients.

Mental Health Safety Net Program

- Due to the large number of persons losing healthcare coverage, a budget amendment was passed to offer a "safety net". This included a number of initiatives from low cost or free prescriptions, expanded services through public health clinics, hot line information and referral, and increased faith-based service initiatives. Within a very short time, the DMHDD, in partnership with community providers and advocates across the state, developed and advocated for a core service package for some 21,000 adults with current assessments of SMI (within 12 months) who were slated to lose TennCare coverage. The safety net service package was passed with an allocation to provide basic psychiatric services to this vulnerable priority population.

The initiative was called the Mental Health Safety Net (MHSN) program, a service package designed to meet basic medication and treatment needs. As the MHSN program continued through the year, the eligible population was gradually expanded to include any adult losing TennCare who received a current assessment of SMI. Disenrolled adults must register with one of twenty CMHAs to receive the MHSN service package.

Disenrollment is a gradual process – letters of disenrollment, followed by appeals processes – can maintain benefits for many months. Some adults subsequently qualify for Medicaid and are reinstated as TennCare eligible. Some access other insurance, and some may leave the state. The numbers of persons eligible for MHSN services changes daily.

During FY06, nearly 12,000 adults assessed as SMI received more than 88,900 services through the MHSN. More than $38.7 million was expended for services and medications. The top three services provided were psychiatric medication management, case management and individual therapy.

Launch of Creating Jobs Initiative

- Following the formula of Tennessee's successful and nationally recognized Creating Homes Initiative, the Creating Jobs Initiative (CJI), with limited funding, was launched across the state in April 2006. Seven mental health consumer VISTA volunteers work with the existing seven regional SETH facilitators to build the community framework for collaborative job creation networks. Between April and June, 2006, CJI facilitators accomplished the following:
  - Developed regional CJI task forces with 204 persons attending generating 816 volunteer hours to address barriers to employment for person with mental illness.
  - Secured grant funding for VISTA volunteer support and training.
  - Established a pilot CJI effort in Region III (Chattanooga area) with a Consumer Forum that meets monthly to discuss current employment situations, voice concerns, and identify needed supports. The forum assures that the consumer's voice is heard by those working on job creation.
  - Formed community partnerships with more than seventy (70) organizations recruited to work collaboratively with CJI.

Tennessee

Adult - Purpose State FY BG Expended - Recipients - Activities Description

Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

ADULT SERVICES

3. Purpose for which State Block Grant Expended

The 2006 Community Mental Health Services (CMHS) Block Grant for services to adults age eighteen and above was allocated to fourteen private not-for-profit Community Mental Health Centers (CMHCs) and five other community entities across the State. The Block Grant, as well as other federal and interdepartmental funding, is awarded to agencies by a basic grant. Block Grant funded services are targeted to maintain a reliable and geographically accessible support and recovery service system for adults, provide services to older adults, assist consumers to develop skills for independent living, provide services for priority population adults interfacing with the criminal justice system and promote cultural competency.

Adult initiatives funded with Block Grant dollars provided multiple direct services to approximately 10,979 unduplicated adult consumers. A brief description of all DMHDD grant programs for adult services, including funding source, activities and outcomes information is documented in the "Annual Stakeholder Report of Mental Health Service Activities for FY06", attached to this report as Appendix B.

The 2006 CMHS Block Grant Allocation totaled $7,994,515. Of that amount, $5,167,300 was allocated for the provision of adult services. Less than five percent (5%), $347,015 was designated for council and administrative support.

CMHS Block Grant funding was expended for adult services in accordance with Criterion 1, 2, 4 and 5 in the following manner:

Assisted Living Housing
$210,000
Assisted living fills the gap in the continuum of housing available for adults with SMI who do not require the supervision of a Supportive Living Group Home, but do not yet possess the necessary skills for independent living. The programs consist of clustered apartment units, with one unit occupied by a live-in consumer assisted living specialist who serves as a supportive mentor to the other residents. The goal is to assist the consumer in a smooth transition to independent living. Funds support six assisted housing projects.

BRIDGES Support
$226,500
Funds are provided to the TN Mental Health Consumers Association (TMHCA), via the Tennessee Disability Coalition, to support regional advocacy staff and on-going development of the BRIDGES (Building Recovery of Individual Dreams and Goals through Education and Support) educational program for mental health consumers.

Criminal Justice/Mental Health Liaison Project
$476,000
Eighteen liaison positions provide activities targeted toward individuals with SMI or co-occurring disorders interfacing with the criminal justice system. Services include liaison/case management services, diversion assessment, cross-training and education, and appropriate referral and linkage to follow-up services in the community. Liaison activities enhance systems collaboration and cooperation, decrease recidivism, and ensure access to appropriate services. Block Grant funding is supplemented with state dollars to support services in twenty-four counties.

Cultural Competency
$21,800
Cultural and linguistic competency promotion is targeted for mental health agencies, mental health providers, and mental health interpreters. Cultural competency efforts are supplemented with state dollars.

Older Adult Project
$280,000
Funds support four projects that provide professional mental health counseling and peer counseling to adults age fifty-five and over who are homebound or otherwise unable or unwilling to access traditional mental health services. Services may be offered in the individual's home or at a primary care site accessed by older adults. Staff either provide or refer individuals to the appropriate level of mental health services. Services are provided in collaboration between a CMHC and the aging community service system.

Peer Support Centers
$3,953,000
Consumer-operated sites provide a non-stigmatizing place to meet other consumers of mental health services. Member planned activities provide opportunities for socialization, personal and educational enhancement, and emotional peer support for adults with serious mental illness. Funds support fifty programs serving eighty-four counties.

A table detailing 2006 Block Grant allocations for adult services by agency and program is shown on the following page.

ALLOCATION OF 2006 BLOCK GRANT FUNDS FOR ADULT SERVICES

CMHC	Assisted Living	Criminal Justice	BRIDGES / Cultural Competency	Older Adult Services	Peer Support Centers	Total
Frontier	140,000	40,000	0	70,000	462,300	$712,300
Cherokee	0	0	0	0	51,400	$51,400
Ridgeview	0	0	0	0	308,200	$308,200
HR McNabb	0	50,000	0	0	113,200	$163,200
Peninsula	0	0	0	0	154,100	$154,100
Volunteer	0	90,000	0	70,000	986,500	$1,146,500
Fortwood	0	0	0	0	113,200	$113,200
Centerstone	0	105,000	0	70,000	726,200	$901,200
Carey	0	40,000	0	0	308,200	$348,200
Pathways	0	0	0	0	205,500	$205,500
Quinco	0	0	0	0	205,500	$205,500
Professional Counseling	0	0	0	0	205,500	$205,500
Southeast	0	0	0	0	113,200	$113,200
Frayser	0	0	0	70,000	0	$70,000
OTHER AGENCY						
Mental Health Association	0	0	21,800	0	0	$21,800
Mental Health Cooperative	35,000	50,000	0	0	0	$85,000
Park Center	35,000	0	0	0	0	$35,000
Shelby Co. Govt.	0	101,000	0	0	0	$101,000
TN Disability Coalition	0	0	226,500	0	0	$226,500
Total Adult	**$ 210,000**	**$ 476,000**	**$ 248,300**	**$ 280,000**	**$3,953,000**	**$ 5,167,300**
					Total C&Y	$2,480,200
					Total Both	**$ 7,647,500**
					Admin. 5%	**$ 347,015**
					TOTAL BG	**$ 7,994,515**

Tennessee

Child - Summary of Areas Previously Identified by State as Needing Improvement

Child - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

CHILDREN AND YOUTH SERVICES

1. Summary of Areas Needing Improvement

The following three areas for children and youth services were prioritized as needing improvement in the FY06 Block Grant Plan:

1) a continuum of school-based behavioral health care (preschool through college);
2) programs for transitional age youth (leaving state custody, moving to adult services, or needing to develop independent living skills); and
3) mental health liaison projects for children and youth interfacing with the juvenile justice system.

Accomplishments in these areas and others in the children and youth service system will be reported as they relate to achieving the promise of a service system built on the six goals of the New Freedom Commission on Mental Health and document FY06 activities on strategies under each of these six goals in the Department's Three Year Plan.

1. Americans understand that mental health is essential to overall health.

Reduction of Stigma

- During FY06, DMHDD continued the statewide Erasing the Stigma/Kids on the Block campaign for school students, teachers, administrators and parents through mental health presentations both in schools and in the community. Events, project goals and presentations are developed in collaboration with major children's advocacy groups. These programs promote understanding by providing information about mental health, mental illness, children and youth with SED, their needs and the needs of their families. Public awareness activities are presented to forums of youth and adults with the goal of promoting knowledge about mental health and reducing stigma. Thousands of students, teachers and parents attend these presentations throughout the year.

  The patented I. C. Hope character, a yellow duck, is used for appearances at schools, health fairs, malls, county fairs, community events and television appearances. The I. C. HOPE character promotes science-based mental health messages consistent with the Erasing the Stigma Campaign and encourages youth and adults to seek assistance with their mental health needs.

Strategy for Suicide Prevention

- Activities of the Tennessee Suicide Prevention Network (TSPN), as mentioned in the Adult Services section, of course benefit persons of all ages. In addition, DMHDD contracts with the Jason Foundation for Project Tennessee, a school-based mental health curriculum designed to educate youth, teachers and parents about suicide. Project Tennessee also conducts seminars for community groups to increase knowledge and awareness about youth suicide, risk factors, and resources in the community. Since FY02, Project Tennessee has expanded to more than 840 sites, impacting more than 185,000 students.

- In September 2005, Tennessee was awarded a three-year grant to expand suicide prevention services. Tennessee Lives Count (TLC) is a statewide early intervention and prevention project to reduce suicides and suicide attempts for youth ages 10-24. Providers of services at the local and department level will work with youth at risk of suicide in state custody, at risk of custody, in juvenile justice, alternative schools, or special education programs; youth with school disciplinary and/or truancy problems and gay, lesbian, and bisexual youth.

  TLC conducts extensive gatekeeper training (awareness, intervention and lethality assessment), provides needs assessments and policy recommendations, promotes stigma reduction associated with mental illness, enhances university curricula and will develop a plan for sustainability. Marketing materials will be used to enhance awareness of the training available and to assure that the service recipients have physical prompts that will assist them in accessing resources.

Parity and Integrated Services

- During FY06, the Office of Children's Services has been actively seeking funding to demonstrate the effectiveness of integrated physical and behavioral health care, but have found no grant opportunities in that category. Attention has been focused on the Middle Tennessee managed care contracts integrating behavioral and physical health. While not a grant opportunity per se, this has been an avenue to secure input from consumers, providers and advocacy groups on expectations of integrated treatment. This groundwork will be useful in responding to future grant opportunities for integrated physical and behavioral health services.

2. Mental health care is consumer and family driven.

Individual Planning

- All clinical treatment services are required to prepare individualized plans of care for service recipients. For children and youth below age sixteen, participation of the parent or caregiver is mandatory.

- For FY06, 91% of family or caregivers reportedly positively on the Participation in Treatment Planning domain portion of the annual consumer survey.

- Transitional Services for Youth
  Coordinated service and life planning for youth transitioning into adulthood are necessary components of a comprehensive behavioral health system and must be tailored to the unique needs of each youth. As part of a three-year SAMHSA grant in east Tennessee, the Knoxville Youth Transition Council has attempted to create a seamless web of services and supports for children and youth with SED, ages 16-21, to enable them to successfully transition to adulthood and self-sufficiency. The Council is comprised of over forty community provider agencies and other organizations and meets monthly toward this goal.

  Many of the system barriers to continuity between youth and adulthood have been identified through efforts by advocates and providers. The work of the Youth Transition Council has been recognized by the state and, after a presentation of the outcomes of this initiative, a state level Transitional Task Force was developed. Replication of this initiative is also being considered in other regions of the state.

Consumer/Family Involvement

- DMHDD is a strong supporter of parent and children's advocacy groups such as the TN Commission on Children and Youth, TN Voices for Children, NAMI and others. Family members of children receiving services through the public mental health system are actively recruited for participation in councils and advisory committees.

- DMHDD supports a variety of education, support and outreach services to parents of children with SED and professionals across the state through its Family Support and Advocacy contract. Family outreach specialists provide support groups, advocacy services and community presentations. Family members serve as trainers, group facilitators and regional advocates throughout the child and youth service system. Youth service recipients serve on advisory groups for child and adolescent services and a statewide Youth Council.

  The Department supports NAMI-Visions for Tomorrow, an educational curriculum for families of children with SED, utilizing a train-the-trainer model, to empower parents and guardians to become advocates for their children.

Services Matching Needs

Family members have consistently complained about the fragmentation of services from multiple professionals in multiple locations with little coordination. Given the number of settings in which children spend time – in daycare, on the school bus, in school, with neighborhood friends, at home with siblings, parents, step-parents, grandparents – it is important that, when medical and/or behavioral treatment is needed, an organized effort is achieved. The System of Care philosophy is one that Tennessee families have embraced. Systems of Care is an approach to services that recognizes the importance of family, school and community, and seeks to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural and social needs.

- The Nashville Connection, a five-year federal system of care grant that ended August 31, 2006, established a state infrastructure for a system of care for services to children and youth.

  This grant led the way in coordinating resources, providing support to families, involving youth in treatment options and strategizing for replication and sustainability of the model across the state. This system of care model is now funded by the Department of Children's Services for children in state custody.

- The Early Childhood Network is a collaborative effort among local child serving entities in Maury and Rutherford Counties to identify and address the mental health needs of children from preschool through third grade using prevention and early intervention strategies. This effort is intended to provide a seamless and comprehensive system to identify and serve, at an early age, children in need of mental health services by networking all local agencies that work with these children.

  The Mule Town Family Network, a six-year federal system of care grant awarded in September 2005, builds upon this coordinated effort of state, county, local agencies, individuals, service recipients and their family members to provide wraparound services for children and youth with SED in Maury County.

3. Disparities in Mental Health Services are Eliminated

Cultural Competency

- On the FY06 consumer survey, 95% of caregivers answered positively on the question: "Staff were sensitive to my cultural background (race, religion, language, etc.)."

Rural Access

- The DMHDD Division of Managed Care maintains geoplots of BHO service providers and monitors geographical access to emergency, urgent and routine care. However, geographical accessibility may not always equal actual access due to provider capacity. When disparities occur, the issue becomes a point of contract negotiation for provider expansion in a needed area. A critical issue for rural residents is their ability to access medical or mental health specialists. Several rural-based CMHAs participate in the federal rural recruitment and retention plan to hire psychiatrists and psychologists.

- In addition, forty-two (42) telemedicine sites have the capacity to provide increased access and availability to physician services for those living in rural areas where Tennessee has the greatest psychiatrist shortages. Given the shortage of Child Psychologists and Child Psychiatrists in the state, especially in rural areas, telemedicine provides an avenue for needed consultations.

4. Early Mental Health Screening, Assessment, and Referral to Services

Promote Early Detection

- TENNderCARE is Tennessee's program of EPSDT screening; a full program of check ups and health care services for children, birth to age 20, who have TennCare. These services make sure babies, children, teens and young adults receive the health care they need. Information is provided to primary care providers and pediatricians regarding milestones in medical and psychological development. The percentage of children receiving early screening services rose from 45% in FY00 to 73% in FY04.

- Child Care Consultation provides mental health training and technical assistance to childcare, early childhood centers and pre-kindergarten programs across the state, including Head Start. Consultation staff assist in identifying potential emotional problems or risk through education of day care staff and by providing mental health screening.

- The Regional Intervention Program (RIP) is a behavioral skills training program designed for the early treatment of children under age six with moderate to severe behavior disorders and their caregivers.

- BASIC, is an elementary school-based mental health early intervention and prevention service that works with elementary school age children to enhance awareness and capacity for response of school personnel to the mental health needs of children and to reduce the incidence of adolescent and adult mental health problems.

- In collaboration with DMHDD, the Department of Education is funding two full-time school-based master's level Mental Health Liaisons for the Davidson County School District for the provision of face to face consultation with classroom teachers to assist them in structuring the classroom to enhance the learning environment for children with SED. Training and education regarding childhood mental health will also be incorporated in the consultation service to assist the teachers in promoting a healthy teaching environment.

- Specialized Crisis Services for children and youth provide assessment and evaluation with an emphasis on providing help for children in the home and community, if at all possible.

- The Homeless Outreach Program provides outreach, assessment, and case management services to provide early identification and intervention for at-risk children and youth either living in families who are homeless or homeless alone.

- In order to assess the prevalence of mental health, substance abuse and developmental disabilities among youth in juvenile justice facilities, a survey was conducted of forty facilities across the state in late 2003. Based on needs identified in the survey, a Juvenile Justice Workgroup of the Criminal Justice Committee worked with various state and judicial entities to develop a screening process to be used at the earliest possible contact point with the juvenile justice system, so that behavioral health problems could be detected and treated early on. Twelve screening tools were reviewed and a recommendation was made to use the GAIN-SS (Global Assessment of Individual Needs, Short Screen), however, no contractor was identified for FY06.

5. Excellent Mental Health Care is Delivered and Research is Accelerated

Research

- The DMHDD Office of Clinical Leadership (OCL) is actively involved in reviewing the latest research and using findings to update best practice guidelines. OCL staff regularly contribute articles to professional publications, ten in FY06, and present at meetings and conferences across the state.

Science to Service

- DMHDD and its contracted providers are striving toward full accountability for service recipient outcomes. Individual programs utilize annual survey data to refine service delivery. Preliminary work has begun in identifying methods of evaluating the success of DMHDD funded/facilitated programs with the use of outcomes based evaluation strategies that inform providers and DMHDD about effectiveness. Outcome expectations and evaluation measures have been integrated into each provider contract scope of services.

- The Tennessee Outcomes Measurement System (TOMS), in development, is designed to provide feedback to DMHDD, providers and service recipients on direct outcomes of services provided.

Evidenced Based Practices (EBPs)

- The Department promotes evidence-based and best practices throughout the service system. While the majority of EBPs identified and promoted through SAMHSA toolkits are provided, DMHDD is moving toward refinement of service delivery based on minimum fidelity measure requirements developed through Data Infrastructure Grant activities. Agency availability and estimated numbers served are shown in the table below

EVIDENCED BASED PRACTICES FOR CHILDREN AND YOUTH

Agency	Therapeutic Foster Care	Multi-Systemic Therapy	Fam Functional Therapy
Carey N/R			
Centerstone N/R			
Cherokee			
Fortwood			
Frayser			
Frontier	145		
McNabb	134		
Midtown N/R			
Pathways			
Peninsula N/R			
Prof. Care			
Quinco N/R			
Ridgeview			
Southeast			
Volunteer	119		
Whitehaven			
Youth Villages	440	1,200	
TOTAL	**838**	**1,200**	

Information based on FY06 Agency EBP Survey - 70% response rate. (N/R = no response)

Workforce Development

- The Office of Clinical Leadership, in cooperation with the TDMHDD Advisory Panel on Best Practice Guidelines, has developed Best Practice Guidelines for Behavioral Health Services for Children and Youth for use by psychiatrists, primary care physicians, psychologists, health service providers, nurses, nurse clinicians, physician extenders, social workers and other health care professionals to promote high quality of care for adults and children served by Tennessee's public health system.

Recovery/Resiliency Orientation

- DMHDD and Magellan, the parent company of Tennessee's Behavioral Health Organizations, in partnership with the TN Association of Mental Health Organizations (TAMHO), TMHCA, TN Voices for Children (TVC), and NAMI-TN, met to plan for a statewide symposium on resiliency/recovery to be held in November 2006. The overall theme for the Symposium is "Recovery/Resiliency-Building the Foundations for System Change. The vision and outcome for the Symposium is that there will be a common understanding that Recovery and Resiliency are real, possible, and achievable and a shared commitment to transform the public mental health system to promote and support recovery and resiliency for all persons with mental illness or emotional disturbance.

The target audience of the Symposium includes four groups: 1) family members, 2) consumers, 3) key policy makers, and 4) key staff within provider agencies including the CEOs, clinical directors, and agency board members. Goals of the conference include: develop a shared consensus on the definition of recovery; align philosophy, policy, contracts and incentives to promote resiliency/recovery; and create a collective enthusiasm for recovery-oriented models across service sectors.

- In response to stakeholder concerns that a support and recovery focus might get lost in the new Middle Tennessee carve-in managed care contract, DMHDD recently published *Managed Care Standards for the Delivery of Behavioral Health Services*, which states: "All behavioral health services shall be rendered in a manner that supports the recovery of persons experiencing mental illness and enhances the development of resiliency of children and families who are impacted by mental illness, serious emotional disturbance, and/or substance abuse issues." Definitions of recovery and resiliency are based on the 10 Fundamental Components of Recovery and on the System of Care Values and Principles endorsed by SAMHSA and CMHS.

6. Technology is Used to Access Mental Health Care and Information

Telemedicine

- DMHDD promotes state of the art diagnostic systems such as telemedicine to increase response time for diagnosing patients, reduce stressors on the persons with a potential mental illness, and eliminate transportation costs. Currently, forty-two telemedicine sites have the capacity to provide increased access and availability to physician and specialist services.

Information Access

- In the National Alliance for the Mentally Ill's "Grading the States 2006", Tennessee receiving an "A" in the "Information Access" category. The Department of Mental Health and Developmental Disabilities website, www.state.tn.us/mental/, provides information for consumers and family members on a variety of available resources.

Electronic Health Record

- During FY06, Tennessee studied electronic health record and personal health information systems used in other states and strategies used to transition to electronic health information systems. The plan developed required legislative funding, but the initiative was not approved for funding in the FY07 budget improvement.

Tennessee

Child - Most Significant Events that Impacted the State in the Previous FY

Child - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

CHILDREN AND YOUTH SERVICES

2. Significant Events Impacting State Mental Health System

The most significant events of FY06 impacting the state mental health system for children and youth services are discussed below.

TennCare Waiver Reform

- While children and youth were largely exempt from the TennCare waiver population reduction and benefit limits, secondary effects on children and youth were unable to be calculated. Over a period of months, an estimated 191,000 adults in the waiver population were disenrolled.

  A comparison of enrollment by age between December 31, 2004 and August 31, 2006 is shown in the table below:

Age Range	*0-20*	*21-64*	*65 +*	*Total*
December 31, 2004 ①	636,600	589,900	131,200	1,357,700
August 31, 2006 ②	664,884	444,814	86,276	1,195,974
Difference	**28,284**	**(145,086)**	**(44,924)**	**(161,726)**

① *Source: TennCare Annual Report 2004-2005, www.state.tn.us/tenncare/.*
② *Source: TennCare Partners Eligibility and Demographics Report, August 31, 2006, DMHDD, Division of Managed Care.*

As seen in the above chart, there is a 4.4% increase in the number of children and youth under 21 enrolled, but a significant decrease in adult enrollment in the 21-64 category; the age range typically associated with parents or extended family caretakers. Behavioral health services to children and youth through TennCare have been increasing each year. While complete twelve-month encounter data is not available for FY06, projected numbers for services to children and youth below age eighteen show an slight decrease (less than 4%), including those with SED.

A number of factors, in combination, may account in whole or in part for this apparent decrease.

1. Just as moves into the state for access to health care accounted for a portion of the increase in the number of persons served under TennCare, moves out of state may account for part of the decrease. Such moves are confirmed by the provider community.

2. Effective services to children and youth with emotional disturbances do not exist in a vacuum and are best combined with services and supports to the family as a whole. A negative impact on service provision to children may be related to complications for adults who have lost access to medical and behavioral health benefits.

3. A number of former TennCare enrollees have gained access to health care for themselves and their families through employment, family members or other means.

After complete FY06 information becomes available, staff can study more detailed service encounter data, including a review and comparison of previous years to determine any cyclical trends. In addition, the TOMS system, currently being piloted, will provide future data on services to children and youth through any public payer source.

Legislative Action

- TDMHDD successfully fought a bill to eliminate screening for behavioral health issues in schools as well as another bill that required a "certificate of completion" for a child to reenter school following inpatient treatment. Even if the child produced this certificate, it would have been discretionary to readmit to school.

- Senate Joint Resolution 799, introduced in the Legislature in April 2006, declared an urgent need to study relevant issues pertaining to the extent and nature of mental health needs of Tennessee's children and youth.

  DMHDD's Office of Children and Youth Services is working with the legislative Select Committee on Children and Youth to evaluate the service system for children and youth and make recommendations for improvement.

  A plan for development, implementation and on-going oversight of a comprehensive, coordinated, family-centered and culturally responsive system for behavioral health care of children and youth is to be delivered to the legislature on or before April 2008.

Tennessee

Child - Purpose State FY BG Expended - Recipients - Activities Description

Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

CHILDREN AND YOUTH SERVICES

3. Purpose for which State Block Grant Expended

The 2006 Community Mental Health Services (CMHS) Block Grant funding for services to children and youth under age eighteen was allocated to eleven private not-for-profit Community Mental Health Centers (CMHCs) and five other community entities across the State. The Block Grant, as well as other federal and interdepartmental funding, is awarded to agencies by a basic grant. Services were targeted to continue several early intervention and prevention service initiatives, provide suicide prevention, and support caregiver respite services.

Children and youth initiatives funded with Block Grant dollars directly served over 23,000 children and youth, 5,000 teachers, 7,500 parents/caregivers and 500 other adults. A brief description of all DMHDD grant programs for children and youth, including funding source, activities and outcomes information is documented in the "Annual Stakeholder Report of Service Activities for FY06", attached to this report in Appendix B.

The 2006 CMHS Block Grant Allocation totaled $7,994,515. Of that amount, $2,480,200 was allocated for the provision of services to children and youth. Less than five percent (5%), $347,015 was designated for council and administrative support.

CMHS Block Grant funding was expended for services to children and youth in accordance with Criterion 1-5 in the following manner:

BASIC
$1,596,500
Project BASIC is an elementary school-based mental health early intervention and prevention service that works with children from kindergarten through third grade. Goals are to enhance awareness and capacity for response of school personnel to the mental health needs of children and to reduce the incidence of adolescent and adult mental health problems. Children with SED are identified and referred for mental health services. Funds support BASIC programs at forty-three elementary school locations.

Cultural Competency
$5,000
Cultural and linguistic competency promotion is targeted for mental health agencies, mental health providers and mental health interpreters. Cultural competency efforts are supplemented with state dollars.

Early Childhood Network
$145,000
This is a collaborative effort on the local level to identify and address the mental health needs of preschool through third grade children through prevention and early intervention strategies. The effort is intended to provide a seamless and comprehensive system to identify and serve, at an early age, children in need of mental health services by networking all local agencies that work with this age group. Funding supports projects in two counties that currently have RIP, BASIC, and Day Care Consultation and have identified gaps in services.

Jason Foundation School Curriculum
$77,500
In response to the Surgeon General's call to action to prevent suicide plan, one of Tennessee's strategies targets providing educational programs for youth that address suicide. The Jason Foundation offers a Triangle of Prevention approach for awareness and prevention of youth suicide. The project addresses youth, parents, teachers, and educators from middle school to college in suicide awareness and prevention through educational programs and seminars.

NAMI-TN Parent Education
$47,500
"Visions for Tomorrow" is a program that provides education for families of children with SED, utilizing a train-the-trainer model. The goal of the program is to empower parents and guardians to become advocates for their children and to develop tools to help other families in a supportive, educational manner.

Planned Respite Services
$556,600
This is a program that provides respite services to families of children identified with SED, or dually diagnosed with SED and mental retardation, who are ages two to fifteen. Respite consultants provide short-term respite and work with the family to identify long-range respite resources. Individualized respite plans are developed with the family. The consultant enables families to develop community-based respite resources and utilize them effectively. Funding is supplemented with state dollars to support respite service availability in each of the seven mental health planning regions across the state.

Respite Voucher Program
$30,100
A voucher program to pay for respite services for families with children with SED or developmental disabilities who reside in Memphis/Shelby County.

Renewal House
$4,000
Funding supplements other state dollars to support early intervention and prevention services to children at risk of SED or substance abuse who reside at Renewal House, a residential program for addicted mothers in recovery and their children. Services provide on-site child, family and group counseling for which there is no third-party payer source. Parenting classes, support groups and family enrichment are provided for family preservation. Therapeutic services are also provided for children when evaluations deem such services appropriate.

Suicide Prevention
$18,000
Funds supplement state dollars to support the Tennessee Suicide Prevention Network, a statewide coalition that developed and now oversees the implementation of strategies to eliminate/reduce the incidence of suicide across the life span, to reduce the stigma associated with suicide, and educate communities throughout the state about suicide prevention and intervention.

A table detailing 2006 Block Grant contract allocations for service initiatives for children and youth by agency and program is shown below.

ALLOCATION OF 2006 BLOCK GRANT FUNDS FOR CHILDREN AND YOUTH SERVICES

CMHC	BASIC	Renewal Hs/ Cult. Comp.	Early Childhood Network	Jason/ NAMI/ TSPN	Planned Respite	Total
Frontier	279,557	0	0	0	81,112	$360,669
Cherokee	70,028	0	0	0	0	$70,028
Ridgeview	40,016	0	0	0	48,112	$88,128
Volunteer	280,110	0	72,500	0	184,040	$536,650
Fortwood	40,016	0	0	0	0	$40,016
Centerstone	263,887	0	72,500	0	81,112	$417,499
Carey	120,048	0	0	0	0	$120,048
Pathways	120,047	0	0	0	0	$120,047
Quinco	222,727	0	0	0	81,112	$303,839
Professional Counseling	160,064	0	0	0	0	$160,064
Frayser	0	0	0	0	81,112	$81,112
OTHER AGENCY						
TN Respite Coalition	0	0	0	0	30,100	$30,100
Renewal House	0	4,000	0	0	0	$4,000
Jason Foundation	0	0	0	77,500	0	$77,500
MHA of Mid TN	0	5,000	0	18,000	0	$23,000
NAMI-TN	0	0	0	47,500	0	$47,500
Total C&Y	**$1,596,500**	**$ 9,000**	**$ 145,000**	**$143,000**	**$ 586,700**	**$ 2,480,200**
					Total Adult	$ 5,167,300
					Total Both	**$ 7,647,500**
					Admin. 5%	**$ 347,015**
					TOTAL BG	**$ 7,994,515**

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Increased Access to Services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	132,210	139,809	132,210	109,769	83
Numerator			--		--
Denominator			--		--

Table Descriptors:

Goal: To increase access to services for adults requiring behavioral health services through the public mental health system.

Target: To maintain services at the FY04 level.

Population: Adults enrolled in the TennCare Partners Program

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Unduplicated number of adults served by age, gender and race/ethnicity.
Source: Significance:

Measure: Number

Sources of Information: DMHDD, Office of Managed Care, Research and Analysis Group

Special Issues: Decreasing numbers served reflect the downsizing of the managed care program.

Significance: The potential disenrollment of nearly 200,000 adults from the TennCare program will result in smaller numbers of persons eligible for services.

Activities and strategies/ changes/ innovative or exemplary model: As of August 2005, disenrollment efforts began for adults in the TennCare non-Medicaid waiver population. This has been an on-going process with some persons being re-certified as Medicaid eligible, some disenrolled, and some still continuing benefits under appeal. TennCare reform resulted in significant reductions in total dollars expended and in numbers served.

Target Achieved or Not Achieved/If Not, Explain Why: Target Not Achieved. When the target was chosen, disenrollment was in the planning stages and delays were anticipated. The actual impact of the reduction in the waiver population proved to be beyond our original projections. The number of persons receiving behavioral health services through the TennCare Partners Program decreased by 21%.

Some disenrolled adults with SMI received MHSN services, but the number served through that program is not included in this performance indicator. This indicator was to measure impact of TennCare reform on the the number of adults seeking behavioral health treatment through the Medicaid portion of the public health system. Therefore, the goal was not totally achieved.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	10.98	10.86	11	10.69	100
Numerator	807	800	--	555	--
Denominator	7,344	7,365	--	5,193	--

Table Descriptors:

Goal: To assure effective inpatient treatment and continuity of care to maximize community tenure.

Target: Decreased rate of readmission to state psychiatric hospitals within 30 days of discharge.

Population: Persons 18 and above receiving a psychiatric inpatient service during FY05.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of adults discharged from inpatient services in FY05 who are readmitted within 30 days.

Measure: % Numerator: Number of persons age 18+ who are readmitted to a state hospital (RMHI) within 30 days of discharge.
Denominator: Number of persons age 18+ discharged from a state hospital (RMHI) during the previous fiscal year.

Sources of Information: DMHDD, Office of Managed Care, Research and Analysis Group
DMHDD, Office of Hospital Services

Special Issues: Readmission is defined as admission to any RMHI within 30 days of a discharge from any RMHI.

Significance: A major outcome of a comprehensive, community-based mental health system of care is the effectiveness of inpatient treatment and the continuity of community care.

Activities and strategies/ changes/ innovative or exemplary model: For those enrolled in the managed care program, BHO standards of care require case management assessment for individuals being discharged from inpatient care with a case manager face-to-face encounter within seven days and routine outpatient services available within fourteen days. Outpatient providers are required to maintain access logs of initial appointments and performance is monitored by both the BHOs and DMHDD Office of Managed care.

A DMHDD study of hospital readmissions found the most prevalent reason to be the discontinuance of medications. Given the new TennCare limit of five prescriptions or refills per month, hospital staff have worked diligently to not only match medications to the formularies of TennCare and the various Medicare Part D programs, but provide medications sufficient to last until the consumer is able to fill a new prescription.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved. Data reported is for the TennCare adult population. The reduction in the prescription benefit does not appear to have adversly affected inpatient utilization. It is noted that the readmission rate is lower for state psychiatric hospitals than when all hospitals are included, state and other acute care facilities.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	22	21	22	20.84	100
Numerator	1,655	1,572	--	1,082	--
Denominator	7,344	7,365	--	5,193	--

Table Descriptors:

Goal: To assure effective inpatient treatment and continuity of care to maximize community tenure.

Target: Decreased rate of readmission to state psychiatric hospitals within 180 days of discharge.

Population: Persons 18 and above receiving a psychiatric inpatient service during FY05.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of adults discharged from inpatient services in FY05 who are readmitted within 180 days.

Measure: % Numerator: Number of persons age 18+ who are readmitted to a state hospital (RMHI) within 180 days of discharge.
Denominator: Number of persons age 18+ discharged from a state hospital (RMHI) during the previous fiscal year.

Sources of Information: DMHDD, Office of Managed Care, Research and Analysis Group
DMHDD, Office of Hospital Services

Special Issues: Readmission is defined as admission to any RMHI within 180 days of a discharge from any RMHI.

Significance: While serious mental illnesses often require hospitalization for necessary adjustments or life crises, a major outcome of a comprehensive, community-based mental health system of care is the ability to provide necessary services in the least restrictive environment.

Activities and strategies/ changes/ innovative or exemplary model: For those with long term hospitalization, a Targeted Transitional Support Program assists in attaining and maintaining discharge from the state psychiatric hospitals by providing temporary transitional support until their financial benefits/resources are established.

For adults with a history of repeated rehospitalizations with minimal community tenure, intensive long-term support services were developed in the Chattanooga area designed to maintain discharged service recipients in the community in supportive living facilities.

Funds are provided for a wide variety of services and supports that complement existing services funded by various departments of the state, which have not sufficiently been able to meet the individual specialized needs of these persons. This intensive, creative and collaborative project has greatly increased the community tenure of a difficult and vulnerable population.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved. Data reported is for the TennCare adult population. The reduction in the prescription benefit does not appear to have adversely affected inpatient utilization. It is noted that the readmission rate is lower for state psychiatric hospitals than when all hospitals are included, state and other acute care facilities.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Evidence Based - Number of Practices

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	4	4	5	5	100
Numerator			--		--
Denominator			--		--

Table Descriptors:

Goal: To increase availability of behavioral health interventions having consistent, scientific evidence showing improved consumer outcomes.

Target: To increase the number of EBP services provided by one (1).

Population: Adults assessed as SMI.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of CMHS defined evidenced based practices being provided in Tennessee.

Measure: Number

Sources of Information: Source: DMHDD, CMHA Survey, BHOs

Special Issues: States may be providing other services qualified to be evidenced based practices that are not included in the CMHS table listing.

Significance: Evidence-based practices are interventions or treatment approaches that have been scientifically demonstrated to be effective, regardless of the discipline that developed them.

Activities and strategies/ changes/ innovative or exemplary model: Apart from assertive community treatment, there is no reporting mechanism to determine numbers served through EBPs. We are unsure whether this report capacity can be developed. For data reported, an agency survey method is used to determine EBP services available, assess fidelity, and estimate the number of persons served, although demographics beyond age are not expected to be reported.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved. Survey data provides documentation that the following five adult EBPs are being offered within the provider community: Supported Housing, Supported Employment, Assertive Community Treatment, Integrated Treatment for persons with COD, and Illness Management and Recovery.

While a form of Family Psychoeducation is being provided by many agencies, it does not currently meet fidelity measures.

Medication Management is being piloted as part of the TNMAP medication algorithm project and may be able to be reported in the future.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Client Perception of Care

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	67	81	65	68	100
Numerator	883	3,750	--	5,667	--
Denominator	1,314	4,646	--	8,312	--

Table Descriptors:

Goal: To provide behavioral health services that are rated positively by service recipients.

Target: To maintain a rating of 65% of adults who report positively about service outcomes.

Population: Adults receiving public mental health services.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of adults submitting a positive survey response on outcomes.

Measure: % Numerator: Number of positive responses reported in the outcome domain on the adult consumer survey.
Denominator: Total responses reported in the outcome domain on the adult consumer survey.

Sources of Information: DMHDD, Office of Managed Care, Research and Analysis Group

Special Issues: None

Significance: A client's positive perception of care increases the likelihood of continued service acceptance and positive movement toward recovery.

Activities and strategies/ changes/ innovative or exemplary model: The highest goal of any service system is to attain the best possible outcome for the service recipient. Since FY02, the percentage on the positive outcome measure has ranged from 64% to 68%.

During FY05, DMHDD made a decision to no longer use the "mail out" method to conduct consumer surveys. Annually, a sample of persons receiving publicly funded mental health services are given the survey. DMHDD is also piloting the Tennessee Outcomes Measurement System that will provide additional information in domains of Quality of Life, Functioning, Side Effects, Recovery, Symptoms, Substance Abuse, as well as information regarding employment and interface with the criminal justice system.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: EBP-Number Receiving Service

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	3,963	29,715	29,765	2,175	7.30
Numerator			--		--
Denominator			--		--

Table Descriptors:

Goal: To assure access to behavioral health interventions for which there are consistent, scientific evidence showing that they improve consumer outcomes.

Target: To increase by 50 the number of consumers receiving an Evidenced Based Practice (EBP).

Population: Adults assessed as SMI receiving public funded behavioral health services during FY06.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Number of adults receiving any evidenced based practice as defined by CMHS.

Measure: Number

Sources of Information: DMHDD, CMHA Survey, BHOs

Special Issues: States may be providing other services qualified to be evidenced based practices that are not included in the CMHS table listing.

Significance: Evidence-based practices are interventions or treatment approaches that have been scientifically demonstrated to be effective, regardless of the discipline that developed them.

Activities and strategies/ changes/ innovative or exemplary model: There is no encounter data to indicate evidenced based practice services. Numbers must be requested and calculated separately from computerized data. Tennessee has moved toward more specification in reporting only those EBP services meeting minimum fidelity measures as documented through Data Infrastructure Grant workgroup activities. There are only two agencies using curriculum-based Illness Management and Recovery programs. BRIDGES, the consumer recovery curriculum is also included. A table of EBPs and agency numbers served is included in this report in the "Summary of Areas Needing Improvement" section.

Target Achieved or Not Achieved/If Not, Explain Why: Target Not Achieved. Data for FY05 was based on numbers reported on an EBP agency survey that simply asked agencies to report on whether the service was provided, to how many persons, and if fidelity measures were monitored.

The survey for FY06 was revised to include the minimum fidelity requirements for each EBP. Agencies were asked to limit their reporting to only those services that met minimum fidelity measures and the number of adults with SMI served. This decreased the numbers reported in all service categories. It is noted that nine agencies did not respond to the survey.

No agency reported doing Family Psychoeducation. Although some do educational groups for client families and significant others, this is not tied in to the treatment plan.

For FY06, we used the BRIDGES curriculum count for IMR. Some agencies

providing IMR with varying curricula were not counted. A table showing agency-specific information regarding EBPs is included in the Adult Section 1. The FY06 data will set form a new baseline for future reporting on EBPs.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Homeless Adult Services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	1,100	1,337	1,357	2,037	100
Numerator			--		--
Denominator			--		--

Table Descriptors:

Goal:	To provide outreach, assistance and referral to homeless adults with SMI.
Target:	To increase by 20 individuals the number of homeless adults who receive case management services through PATH projects.
Population:	Adults who are homeless and have a serious mental illness.
Criterion:	4:Targeted Services to Rural and Homeless Populations
Indicator:	Number of individuals enrolled in PATH case management.
Measure:	Number
Sources of Information:	Annual Report by PATH Agencies to DMHDD
Special Issues:	Note that FY03 and FY04 actual numbers are changed from previous plans/implementation reports to reflect final measure of "enrolled PATH clients" from on-line State Summary Reports.
Significance:	Homeless populations require trust-building over time with staff having a good knowledge of available resources.
Activities and strategies/ changes/ innovative or exemplary model:	Outreach and case management services are available to homeless adults with mental illness to ensure that persons eligible for services are aware of and have access to community resources. Each program location has a projected number of outreach contacts and case management enrollment targets. The expansion of federal PATH dollars allowed for increased services for this population.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Psychiatric Admission Rate

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	16.60	14.60	16	N/A	N/A
Numerator	21,993	13,402	--		--
Denominator	132,210	91,728	--		--

Table Descriptors:

Goal: To maximize the ability to remain in a community setting by providing coordinated service delivery in the most appropriate, least restrictive environment available.

Target: To maintain admissions to psychiatric acute care facilities at 16%.

Population: Adults enrolled in the TennCare Program.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Percentage of adults receiving TennCare services who are admitted to acute inpatient care.

Measure: % Numerator: Unduplicated # of adults admitted to inpatient psychiatric acute care.
Denominator: Unduplicated # of adults receiving a TennCare Partners service.

Sources of Information: DMHDD, Office of Managed Care, Research and Analysis Group

Special Issues: An acute care admission is defined as one that results in a hospital stay of less than thirty (30) days.

Significance: A major outcome of a comprehensive, community-based mental health system of care is the reduction of the need for inpatient hospitalization.

Activities and strategies/ changes/ innovative or exemplary model: Given the benefit limits imposed for most TennCare enrollees on August 1, 2005, monitoring of inpatient utilization is increasingly important to measure the impact of TennCare reform on those adults continuing to receive services through the managed care system. Tennessee has the capacity within its managed care program to report admissions to state and private hospitals. Alternatives have increased with the number of crisis service contacts, use of respite beds, and availability of some 24/7 outpatient triage centers and stabilization services. Persons presenting for hospital admission are pre-screened to determination that all available less drastic alternatives to placement in a hospital are unsuitable to meet the needs of the individual. Inpatient utilization is monitored by the BHOs, DMHDD and the Council Roundtable Committee.

Target Achieved or Not Achieved/If Not, Explain Why: PLEASE NOTE: Due to technical difficulties with the data system, TennCare eligibility and encounter data is not currently available to report on this state performance indicator as written - for the entire TennCare adult population in FY06.

It is noted that overall inpatient utilization is known to have decreased in FY06. Data available for the TennCare adult population with SMI indicates a significant decrease for FY06.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Recovery Focus

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	57	55	50	54	100
Numerator	4,532,880	4,227,300	--	4,179,500	--
Denominator	7,900,900	7,730,700	--	7,647,500	--

Table Descriptors:

Goal: To provide support and recovery-oriented services for adults with SMI.

Target: To expend a minimum of 50% of Block Grant funding for recovery-oriented services for adults with SMI.

Population: Priority population Adults

Criterion: 5:Management Systems

Indicator: Percent of block grant funds allocated for recovery-oriented services.

Measure: % Numerator: amount of Block Grant dollars spent on recovery-oriented services
Denominator: total amount of Block Grant funding minus administrative costs

Sources of Information: DMHDD Budget

Special Issues: Allocations based on continued ability to expend Block Grant funding for non-treatment services.

Significance: In light of loss and reduction of health care benefits, recovery-focused activities promote peer support, illness management and self-directed service options.

Activities and strategies/ changes/ innovative or exemplary model: Non-clinical services, especially recovery and support services are considered important for maintaining wellness, promoting empowerment, improving community reintegration and contributing to improvement in an individual's quality of life. Since 1996, DMHDD has utilized Block Grant dollars to pilot, promote, maintain and enhance a variety of service initiatives and alternatives to assist consumers to live, work, learn, and participate fully in their communities despite their illness.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved. Allocations considered 100% support and recovery-oriented include Peer Support Centers and BRIDGES support and education groups.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: SMI Priority Population Access

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	81,877	91,254	81,877	88,773	100
Numerator			--		--
Denominator			--		--

Table Descriptors:

Goal: To ensure access to necessary mental health services for adults with SMI within the public mental health system.

Target: To maintain services at the FY04 level.

Population: Adults assessed as SMI and enrolled in TennCare or eligible for safety net services.

Criterion: 2:Mental Health System Data Epidemiology

Indicator: Number of adults with SMI served by age, gender and race/ethnicity.

Measure: Number

Sources of Information: DMHDD, Office of Managed Care, Research and Analysis Group

Special Issues: The MHSN service package is an effort by DMHDD to continue services to adults with SMI losing health care coverage.

Significance: The impact of TennCare reform will not be known immediately. A major responsibility of the state mental health authority is to provide services to those with the most serious mental illnesses.

Activities and strategies/ changes/ innovative or exemplary model: Adults assessed as SMI comprise approximately 10% of TennCare enrollment. In FY05, adults assessed as SMI comprised 65.3% of the total number of adults receiving services. Due to TennCare reform, the projected number of adults with SMI served in FY06 (76,810) fell below the FY04 maintenance target level; however, MHSN services were provided to 11,963 disenrolled adults with SMI. The combined service effort allowed Tennessee to provide services beyond FY04 levels, although not quite matching FY05 levels. Registration for MHSN services is steadily increasing. It is hoped that service levels can be gradually increased through these and new service coverage initiatives such as Cover Tennessee.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Safety Net Inpatient Admissions

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	N/A	N/A	N/A	6	N/A
Numerator			--	907	--
Denominator			--	15,473	--

Table Descriptors:

Goal: To provide core psychiatric services and supports adequate to assist individuals to remain in the most appropriate, least restrictive environment available.

Target: To monitor admissions to state psychiatric facilities (RMHIs).

Population: Identified disenrolled priority population adults eligible for safety net services.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Percentage of disenrolled adults who are admitted to inpatient care.

Measure: % Numerator: Unduplicated # of adults admitted to state psychiatric hospital acute care during FY06 after registration in MHSN. Denominator: Unduplicated # adults actively registered for MHSN services during FY06.

Sources of Information: DMHDD, Office of Information Systems

Special Issues: Note that this indicator is limited to state psychiatric hospital admissions and is not applicable to previous years. The goal for FY06 is to establish a comparison baseline.

Significance: Monitoring of outcomes of vulnerable individuals losing health care benefits is important to measure consumer needs and resources needed within the public mental health system.

Activities and strategies/ changes/ innovative or exemplary model: Without health care benefits, state hospitalization is, generally, the only option available for inpatient services. Performance indicator results for adults receiving MHSN services can give us a clearer picture of the adequacy of safety net services, and data important in developing state resources.

During FY06, over 26,000 adults were eligible to register for MHSN services. Approximately 59% of them did so at some time during the fiscal year. While DMHDD is proud of the fact that over half of the dollars included in the TennCare reform safety net package were dedicated to individuals with serious and/or persistent mental illness, we realized they were less comprehensive than TennCare coverage. DMHDD continues to monitor registration and MHSN services received. The State Mental Health Planning and Policy Council has requested that monitoring occur in a number of areas, including hospitalization.

Target Achieved or Not Achieved/If Not, Explain Why: Baseline Measure. For FY06, the psychiatric hospital admission rate for adults registered for MHSN services is 1.7% less than the admission rate for adults with SMI remaining TennCare eligibility.

ADULT - IMPLEMENTATION REPORT

Name of Performance Indicator: Safety Net Registration

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	N/A	N/A	80	59	74
Numerator			--	15,473	--
Denominator			--	26,218	--

Table Descriptors:

Goal: To ensure access to public mental health safety net services for priority population adults losing health care benefits.

Target: To maximize CMHA registration of disenrolled adults for assistance.

Population: Adults with SMI eligible for safety net services.

Criterion: 2:Mental Health System Data Epidemiology

Indicator: Percentage of disenrolled adults registered for safety net services.

Measure: % Numerator: Number of safety net eligible adults registered with a CMHA for service assistance.
Denominator: Total number of adults eligible for safety net services.

Sources of Information: DMHDD, Office of Managed Care, Research and Analysis Group

Special Issues: Accountability of safety net dollars and estimation of resource needs.

Significance: The impact of TennCare reform will not be known immediately. It is important to maintain needed medications and basic services for those most in need.

Activities and strategies/ changes/ innovative or exemplary model: Lists of persons and their effective dates of disenrollment are sent to DMHDD weekly and to the twenty CMHAs contracted to provide safety net services for disenrollees in their service areas. Registration numbers are increasing.

Target Achieved or Not Achieved/If Not, Explain Why: Target Not Achieved. The actual effective date of loss of benefits varies based on the category of eligibility and appeal status. Adults who were current clients when disenrolled from TennCare received outreach through letters and personal contact by their community provider agency. NAMI-TN has been contracted to provide support, through community education and outreach activities regarding utilization of MHSN services to any person disenrolled from the TennCare demonstration project by virtue of the approved TennCare waiver amendment or a family member, friend, or other social supporter of such a person.

As of 11/14/06, some 65% of the originially identified SMI population have registered for MHSN services. As persons continue to be disenrolled and outreach efforts continue, it is hoped that the number of adults with SMI registering for MHSN services will significantly increase.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Increased Access to Services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	48,237	50,408	48,237	48,526	100
Numerator			--		--
Denominator			--		--

Table Descriptors:

Goal: To increase access to services for C&Y receiving behavioral health services through the public managed care system.

Target: To maintain services at the FY04 level for FY06.

Population: Children and youth under 18 enrolled in the TennCare Partners Program

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Unduplicated number of C&Y served by age, gender and race/ethnicity.

Measure: Number

Sources of Information: DMHDD, Office of Managed Care, Research and Analysis Group

Special Issues: None

Significance: The impact of TennCare reform is not expected to impact the under age 18 population regarding access to services.

Activities and strategies/ changes/ innovative or exemplary model: TennCare enrollment remains available for children and youth under age 21 who meet eligibility requirements for Medicaid. Their benefits have not changed and all services are available without limits as deemed medically necessary or referred by EPSDT screening.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved. Despite the fact that TennCare reform did not apply to persons under 18, secondary impact was unknown and the FY06 target was maintained at the FY04 level. While the number of children and youth receiving behavioral health care services through TennCare increased each year until FY05, projected data shows a 3.7% decrease in the number of children and youth served in FY06. Possible factors for this decrease are discussed in the Children and Youth Services Section: Significant Events Impacting State Mental Health System.

The TOMS consumer survey system, currently being piloted, will enable us to receive data on children receiving services through other non-TennCare publicly funded contracts.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	10	8.80	9	8	100
Numerator	70	36	--	39	--
Denominator	697	408	--	490	--

Table Descriptors:

Goal: To offer effective inpatient treatment and continuity of care to maximize community tenure.

Target: Decrease rate of readmission to state psychiatric hospitals within 30 days of discharge.

Population: Persons age 0-17 receiving a psychiatric inpatient service during FY05.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of children and youth discharged from inpatient services in FY05 who are readmitted within 30 days.

Measure: % Numerator: Number of persons age 0-17 who are readmitted to a state hospital (RMHI) within 30 days of discharge.
Denominator: Number of persons age 0-17 discharged from a state hospital (RMHI) during the previous fiscal year.

Sources of Information: Source: DMHDD, Office of Managed Care, Research and Analysis Group
DMHDD, Office of Hospital Services

Special Issues: Readmission is defined as admission to any RMHI within 30 days of a discharge from any RMHI.

Significance: A major outcome of a comprehensive, community-based mental health system of care is the effectiveness of inpatient treatment and the continuity of community care.

Activities and strategies/ changes/ innovative or exemplary model: State hospitals account for less than 25% of children and youth admissions. The BHOs contract with sixteen psychiatric hospitals to provide inpatient care to children and youth; only two are state psychiatric facilities still serving children and youth.

Readmission rates, at least within 30 days, are often dependent upon continuity of care and connection with community treatment and support services. BHO standards of care require a case management assessment prior to discharge, a case manager face-to-face encounter within seven days, and routine outpatient services available within fourteen days. Outpatient providers are required to maintain access logs of initial appointments and performance is monitored by both the BHO and DMHDD.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved. It is noted that readmission rates are slightly lower for state psychiatric hospitals than when all hospitals are reported, both state and other acute care facilities.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	18.40	15.90	18	18.57	97
Numerator	128	65	--	91	--
Denominator	697	408	--	490	--

Table Descriptors:

Goal: To assure effective inpatient treatment and continuity of care to maximize community tenure.

Target: Decreased rate of readmission to state psychiatric hospitals within 180 days of discharge.

Population: Persons age 0-17 receiving a psychiatric inpatient service during FY05.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of persons age 0-17 discharged from inpatient services in FY05 who are readmitted within 180 days.

Measure:

Sources of Information: DMHDD, Office of Managed Care, Research and Analysis Group

Special Issues: Readmission is defined as admission to any RMHI within 180 days of a discharge from any RMHI.

Significance: % Numerator: Number of persons age 0-17 who are readmitted to a state hospital (RMHI) within 180 days of discharge.
Denominator: Number of persons age 0-17 discharged from a state hospital (RMHI) during the previous fiscal year.

Children are best served within the context of family and community.

Activities and strategies/ changes/ innovative or exemplary model: While serious emotional distrubances can require hospitalization for necessary adjustments or crisis situations, a major outcome of a comprehensive, community-based mental health system of care is the ability to provide early intervention and family-centered services within the home, school, or other least restrictive environment.

Intensive in-home services for at risk children, education and support for caregivers of children with serious emotional disturbances and other emotional and behavioral issues, and intensive, specialized interventions by children and youth crisis services programs all serve to impact the child's ability to remain in the family and community setting.

Target Achieved or Not Achieved/If Not, Explain Why: Target Not Achieved. Mental illnesses and emotional disorders are cyclical illnesses. While it is hard to determine reasons for readmission at the six month level, it is noted that the readmission rates are lower for state hospital discharges than when compared to hospitalization at any hospital.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Evidence Based - Number of Practices

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	3	3	3	2	66.60
Numerator			--		--
Denominator			--		--

Table Descriptors:

Goal: To increase availability of behavioral health interventions having consistent, scientific evidence showing improved consumer outcomes.

Target: To confirm the number of EBP services provided In Tennessee.

Population: Children and Youth assessed as SED.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of CMHS defined evidenced based practices being provided in Tennessee.

Measure: Number

Sources of Information: DMHDD, CMHA Survey, BHOs

Special Issues: States may be providing other services qualified to be evidenced based practices that are not included in the CMHS table listing.

Significance: Evidence-based practices are interventions or treatment approaches that have been scientifically demonstrated to be effective, regardless of the discipline that developed them.

Activities and strategies/ changes/ innovative or exemplary model: EBPs for children and youth include: Therapeutic Foster Care, Multi-Systemic Therapy, and Family Functional Therapy. There are no encounter codes to indicate specific treatment models. A provider survey is used to determine the use of these models across the state. Survey documentation for FY05 indicated that all three EBPs were available through various providers across the state.

Target Achieved or Not Achieved/If Not, Explain Why: Target Not Achieved. FY05 survey reports were positive for the practice of all three EBPs. The survey for FY06 was revised to include the minimal fidelity measures necessary to count services as EBPs. Survey findings resulted in no Family Functional Therapy being counted as an EBP service. Other child-serving agencies utilize both philosophical and structural components of both MST and Family Functional Therapy, but incorporate them within a regular service framework.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Client Perception of Care

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	69	80	70	66	94
Numerator	328	1,147	--	1,753	--
Denominator	476	1,435	--	2,659	--

Table Descriptors:

Goal: To provide behavioral health services to children and youth that are rated positively by families/caregivers.

Target: To increase to 70% the consumers/families who report positively about service outcomes for their children.

Population: C&Y receiving services through the public mental health system in FY06.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of persons submitting a positive survey response on outcomes.

Measure: % Numerator: Unduplicated # of individuals reporting positive response to survey question on outcomes.
Denominator: Unduplicated # of individuals responding to child/adolescent survey.

Sources of Information: Source: DMHDD, Office of Managed Care, Research and Analysis Group

Special Issues: Issues: None

Significance: Significance: A positive perception of care increases the likelihood of continued service acceptance and positive movement toward recovery.

Activities and strategies/ changes/ innovative or exemplary model: The highest goal of any service system is to attain the best possible outcome for the service recipient and his or her family. Since FY03, the percentage on the outcomes domain has been around 70%.

DMHDD no longer uses the “mail out” method to conduct consumer surveys. Annually, a sample of persons receiving publicly funded mental health services are given the survey. DMHDD is also piloting a broad-based consumer outcomes survey that will provide additional information in domains of Quality of Life, Functioning, Side Effects, Recovery, Symptoms, Substance Abuse, as well as information regarding employment, interface with the juvenile justice, and school participation and performance.

Target Achieved or Not Achieved/If Not, Explain Why: Target Not Achieved. It is felt that the inclusion of the "neutral" choice on the MHSIP survey contributes to decreased positive responses.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: C&Y Case Management

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	56.40	55.30	50	57.80	100
Numerator	14,295	15,942	--	14,913	--
Denominator	25,320	28,813	--	25,763	--

Table Descriptors:

Goal: To provide case management services to children and youth with SED receiving benefits under TennCare.

Target: To provide mental health case management services to a minimum of 50% of children and youth with SED.

Population: TennCare enrolled children and youth with SED receiving a TennCare Partners service during FY06.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Percentage of children and youth in the priority population who receive a mental health case management service

Measure: % Numerator: Unduplicated # of children with SED receiving a mental health case management service
Denominator: Unduplicated # of children with SED receiving any TennCare Partners service

Sources of Information: DMHDD, Office of Managed Care, Research and Analysis Group

Special Issues: Enrollment of children and youth under the age of eighteen is dependent upon parental or guardian acceptance of the service on behalf of the child.

Significance: Assuring necessary case management services for children and youth with SED is a primary goal of community-based services and a commitment of DMHDD and TennCare.

Activities and strategies/ changes/ innovative or exemplary model: Case management is a benefit of TennCare Partners, available to any child based on medical necessity criteria. The vast majority of case management services provided are provided to children and youth with SED. Financial constraints of the program limit the system's ability to provide case management services to every child with SED in the public system. With the recognition that it is important that children with SED receive access to needed case management services, a target of case management service provision to at least half of those receiving services is maintained.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: C&Y Co-Occurring Disorders

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	34	80	40	79	100
Numerator	632	1,398	--	828	--
Denominator	1,830	1,733	--	1,044	--

Table Descriptors:

Goal: To ensure substance abuse service access for children and youth with co-occurring disorders (COD) of SED and substance abuse.

Target: To increase the number of children and youth with COD who are accessing substance abuse services.

Population: Children and youth enrolled in TennCare diagnosed with SED and any substance abuse diagnosis.

Criterion: 3:Children's Services

Indicator: Percent of children with COD who receive a substance abuse service through the behavioral managed care system.

Measure: % Numerator: Unduplicated # of children and youth under 18 receiving a substance abuse service.
Denominator: Unduplicated # of children and youth with COD.

Sources of Information: DMHDD, Office of Managed Care, Research and Analysis Group

Special Issues: The Bureau of Alcohol and Drug Abuse Services has data for persons under eighteen with a mental health diagnosis, but do not specify SED for alcohol and drug services provided under the Substance Abuse Block Grant. Therefore, data is for children receiving services under TennCare.

Significance: While integrated services is the optimal service goal, the ability to access appropriate inpatient and outpatient substance abuse services is critical for those with COD.

Activities and strategies/ changes/ innovative or exemplary model: Providers are often reluctant to label children with a substance abuse diagnosis but, once diagnosed, appropriate treatment should be forthcoming. Numbers reported include those receiving an inpatient or outpatient service.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved. The FY06 target was made prior to final FY05 data being received; therefore related to improving the 34% performance during FY04. Projections for FY07 have been placed at the 80% level.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: C&Y Homeless Outreach

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	68.60	47.30	70	68	97
Numerator	210	115	--	292	--
Denominator	306	243	--	431	--

Table Descriptors:

Goal: To provide outreach to homeless families with children to promote assessment and needed service access.

Target: To increase access of homeless families to appropriate community resources.

Population: Homeless parents with children suspected of SED or at risk of SED.

Criterion: 4:Targeted Services to Rural and Homeless Populations

Indicator: Percentage of family members accessing needed services after referral by the C&Y Homeless Outreach Team.

Measure: % Numerator: Number of families accessing resource.
Denominator: Number of referrals by Team.

Sources of Information: C&Y Homeless Outreach Project Annual Report

Special Issues: Other team referrals not included in this indicator are for TennCare enrollment, EPSDT screening, housing services, legal services, flex funds and emergency food and/or clothing.

Significance: Children of homeless families are at increased risk of experiencing physical neglect and/or developing behavioral and/or emotional problems or substance abuse.

Activities and strategies/ changes/ innovative or exemplary model: The goals of this program are to provide outreach services for homeless families and identify children and youth who may be SED or at risk of SED. Staff assist the parent(s) in securing needed services for their children and themselves by linking with services needed to keep the family intact and healthy.

While assessment and service access are available for homeless families with children with SED, or at risk of SED, follow-up with a referral is dependent on follow-through by the parent(s) and system capacity. Homeless Outreach staff training includes strategies to maximize the willingness and ability of parents to follow-through on recommended referrals.

The goal measures referral and resource access in three combined areas: 1) referral of a parent for a mental health evaluation, 2) referral of a parent for vocational/educational training, and 3) referral of a child for a mental health evaluation.

Target Achieved or Not Achieved/If Not, Explain Why: Target Not Achieved. While just 2% below target, achievement shows significant improvement over last year. While assessment and service access are available for homeless families, follow-up with a referral is dependent on follow-through by the parent(s) and system capacity. Homeless Outreach staff training includes strategies to maximize the willingness and ability of parents to follow-through on recommended referrals and provider procedures allow for prioritization of referrals for emergent and urgent care.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: EBP-Number Receiving Service

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	N/A	4,701	4,751	2,038	43
Numerator			--		--
Denominator			--		--

Table Descriptors:

Goal: To provide behavioral health interventions for which there are consistent, scientific evidence showing that they improve consumer outcomes.

Target: To increase by 50 the number of consumers receiving an Evidenced Based Practice (EBP).

Population: C&Y assessed as SED receiving a TennCare Partners service or DCS provided service during FY06.

Criterion: 3:Children's Services

Indicator: Number of children and youth receiving any evidenced based practice as defined by CMHS.

Measure: Number

Sources of Information: DMHDD, Office of Managed Care, Research and Analysis Group

Special Issues: Tennessee also provides Assertive Community Treatment Teams for high-risk children and youth.

Significance: Evidence-based practices are interventions or treatment approaches that have been scientifically demonstrated to be effective, regardless of the discipline that developed them.

Activities and strategies/ changes/ innovative or exemplary model: An agency survey method is used to determine EBP services availalbe, assess fidelity, and estimate the number of persons served, although demographics beyond age are not expected to be reported. The agency survey for FY06 specified minimum fidelity measures for the three EBPs for children and youth. This resulted in a reduction in numbers reported, especially for MST and Family Functional Therapy. Therefore, FY06 totals will be used as a new baseline.

Target Achieved or Not Achieved/If Not, Explain Why: Target Not Achieved. More stringent fidelity measures are being adhered to in the FY06 reporting and will establish a new baseline. A table of agency available EBPs for children and youth and numbers served is included in the Child section under "Summary of Areas Needing Improvement".

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Early Intervention and Prevention

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	24.70	23.60	20	22.80	100
Numerator	1,956,500	1,823,000	--	1,745,500	--
Denominator	7,900,900	7,730,700	--	7,647,500	--

Table Descriptors:

Goal:	To ensure a proportion of Block Grant funding for early intervention and prevention services for children and youth.
Target:	To maintain at least 20% of Block Grant funding for early intervention and prevention services.
Population:	Children and Youth with SED, or at risk of SED
Criterion:	5:Management Systems
Indicator:	Percentage of block grant funds being used for prevention and early intervention services.
Measure:	% Numerator: Amount to be allocated for prevention and early intervention services Denominator: Total amount of block grant funding minus administrative costs
Sources of Information:	DMHDD Block Grant Budget Allocation
Special Issues:	Allocations based on continued ability to expend Block Grant funding for non-treatment services.
Significance:	Children and youth under eighteen comprise nearly 25% of Tennessee's population. Early prevention and intervention services are considered most important to avoid more serious emotional and/or behavioral problems.
Activities and strategies/ changes/ innovative or exemplary model:	DMHDD is committed to the philosophy of prevention and early intervention. Dollars include allocations for BASIC, the Early Childhood Network and suicide prevention.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Psychiatric Admission Rate

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	4	4.50	5	N/A	N/A
Numerator	1,932	2,315	--		--
Denominator	48,237	50,408	--		--

Table Descriptors:

Goal: To maximize the ability to remain in a community setting by providing coordinated service delivery in the most appropriate, least restrictive environment available.

Target: To maintain the number of admissions to psychiatric acute care facilities at a maximum of 5%.

Population: TennCare enrolled children and youth.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Number of admissions to acute inpatient care by children and youth.

Measure: % Numerator: Unduplicated # of children and youth admitted to inpatient psychiatric acute care
Denominator: Unduplicated # of children and youth receiving a TennCare Partners service

Sources of Information: DMHDD, Office of Managed Care, Research and Analysis Group

Special Issues: An acute care admission is defined as one that results in any psychiatric stay of less than thirty (30) days in a state or private hospital.

Significance: A major outcome of a comprehensive, community-based mental health system of care is the reduction of the need for inpatient hospitalization.

Activities and strategies/ changes/ innovative or exemplary model: Community treatment options for children with SED have been increased and a dedicated children and youth crisis service initiated. System of Care initiatives have shown positive impact in hospitalization rates of children receiving care.

Target Achieved or Not Achieved/If Not, Explain Why: PLEASE NOTE: Due to technical difficulties with the data system, TennCare eligibility and encounter data is not currently available to report on this state performance indicator as written - for the entire TennCare under 18 population in FY06.

It is noted that overall inpatient utilization is know to have decreased in FY06. Data available for the TennCare under 18 population with SED indicates a decrease from 5% in FY05 to 4% in FY06.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: Rural C&Y Access

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	9,937	6,783	7,083	6,328	89
Numerator			--		--
Denominator			--		--

Table Descriptors:

Goal: To assure equitable access to behavioral health services through the public managed care system.

Target: To serve an additional 300 rural C&Y with SED during FY06.

Population: C&Y with SED residing in a rural county and enrolled in TennCare Partners.

Criterion: 4:Targeted Services to Rural and Homeless Populations

Indicator: Number of children and youth who live in designated rural counties and receive a behavioral health service through the managed care program.

Measure: Number

Sources of Information: DMHDD, Office of Managed Care, Research and Analysis Group

Special Issues: The definition of rural was adjusted to conform to 2000 Census definitions, resulting in a drop from 77 of 95 counties designated as rural to 59 of 95 counties designated as rural. The number served in FY05 reflects this reduction.

Significance: Assuring access to mental health services for C&Y with SED living in rural areas, especially to encourage use of local resources.

Activities and strategies/ changes/ innovative or exemplary model: The 2000 census description of urban/rural and metropolitan areas decreased Tennessee's rural population demographic to 39% and results in the loss of a rural county designation for eighteen counties.

Target Achieved or Not Achieved/If Not, Explain Why: Target Not Achieved. DMHDD's goal was to serve 300 more children in rural areas than last year. Projected numbers served for FY06 show a nearly 4% decrease in the number served. Approximately 25% of children with SED enrolled in TennCare reside in a rural county. During FY06, 24.5% of children with SED receiving services resided in a rural county. Over 90% of TennCare eligible children with a current assessment (within 12 months) of SED received services during the fiscal year.

Overall service numbers for children under 18 decreased in FY06. While TennCare reform did not directly effect persons under 18, some of the decrease may reflect reaction to adult disenrollment; e.g. moving out of the state, accessing private insurance through employment, etc. DMHDD continues to monitor rural provider availability to ensure reasonable access to medical and behavioral health care. Further analysis will be needed to evaluate the decrease in children's services.

CHILD - IMPLEMENTATION REPORT

Name of Performance Indicator: SED Priority Population Access

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2006 Target % Attained
Performance Indicator	25,320	28,389	29,389	28,177	96
Numerator			--		--
Denominator			--		--

Table Descriptors:

Goal: To increase access to services for C&Y with SED receiving behavioral health services through the public managed care system.

Target: To serve an additional 1,000 C&Y with SED during FY06.

Population: C&Y enrolled in the TennCare Partners Program and assessed as SED.

Criterion: 2:Mental Health System Data Epidemiology

Indicator: Number of C&Y with SED served by age, gender and race/ethnicity.

Measure: Number

Sources of Information: DMHDD, Office of Managed Care, Research and Analysis Group

Special Issues: None

Significance: Access to services for the under 18 population was not expected to be seriously impacted by TennCare waiver or benefit reductions.

Activities and strategies/ changes/ innovative or exemplary model: A slight decrease in services to this population occurred in FY04. In order to maintain adequate services for children and youth, dollars were shifted away from adult programs to service initiatives for children. As expected, FY05 data showed an increase in services to the under 18 population.

TennCare reform was not expected to have a major impact on services for children and youth since they were exempt from benefit reductions and limitations. However, that assumption has been proven incorrect.

Target Achieved or Not Achieved/If Not, Explain Why: Target Not Achieved. Projected numbers for FY06 show an overall decrease of nearly 4% in services to persons under age 18. While it is known that some disenrolled adults may have moved or accessed other family insurance coverage, further analysis will be required to determine whether this is a cyclical pattern or if other factors beyond TennCare reform are impacting the number of children and youth served. Some of these other factors are discussed in the Child section entitled "Significant Events Impacting State Mental Health System".

Tennessee

Appendix B (Optional)

OPTIONAL- Applicants may use this page to attach any additional documentation they wish to support or clarify their application. If there are multiple files, you must Zip or otherwise merge them into one file.

APPENDIX B

ANNUAL STAKEHOLDER REPORT OF MENTAL HEALTH SERVICE ACTIVITIES FISCAL YEAR 2006

JULY 1, 2005 – JUNE 30, 2006

MENTAL HEALTH PLANNING COUNCIL IMPLEMENTATION REPORT REVIEW LETTER

ANNUAL STAKEHOLDER REPORT OF BEHAVIORAL HEALTH SERVICE ACTIVITIES

TENNCARE PARTNERS PROGRAM

Enrolled

- Provided coverage for some period of time during the fiscal year to 196,858 adults with SMI (a 4.6% decrease as compared to FY05) and 57,633 children and youth with SED (a 1.8% decrease from FY05).
- Approximately 30% of adults and 25% of children enrolled in TennCare Partners as SMI or SED were from counties designated as "rural".
- Approximately 43% of adults and 49% of children covered during the fiscal year maintained a current assessment of SMI or SED, defined as a priority population assessment within a12-month period – a slight decrease in both populations compared to FY05.

Served ①

- Provided behavioral health services to 109,769 adults (a 21% decrease from FY05) and 48,526 children and youth (a 3.7% decrease from FY05.)
- Provided services to 76,810 adults with SMI (a 16% decrease from FY05) and 28,177 children and youth with SED (a less than 1% decrease from FY05).
- Approximately 7.7% of adults with SMI and 4% of children with SED receiving services were admitted to inpatient care during FY06; both decreased from FY05.
- Provided case management services to 33,428 adults with SMI (a 20% decrease from FY05) and 14,913 children and youth with SED (a 6% decrease from FY05).
- Some 9,120 adults with SMI (a 56% decrease from FY05) and 1,044 children and youth with SED (a 40% decrease from FY06) had a co-occurring diagnosis of substance abuse.
- Approximately 47% of adults and 80% of children with a co-occurring diagnosis received a substance abuse service.

Adult Crisis Services (July 2005 thru March 2006)

A statewide 24/7 response capability for adults experiencing a psychiatric crisis.

- Completed 67,732 face to face assessments
- Statewide mean response time = 45 minutes
- Statewide average of response time within 60 minutes = 95%
- Rate of diversion from hospitalization = 45%

Children and Youth Crisis Services (July 2005 thru June 2006)

A specialist crisis response service system for children and youth.

- Completed 6,168 face to face assessments
- Statewide mean response time = 73 minutes
- Statewide average of response time within 60 minutes = 59%
- Rate of diversion from hospitalization = 67%

Telemedicine

Telemedicine services exist in forty-two counties to maximize mental health services such as evaluation, medication management, outpatient services, pre-hospitalization assessment and consultation.

① *Due to length of time required for encounter data to clear reporting system, numbers may not reflect full twelve month period of fiscal year.*

SERVICES - ADULTS

Assisted Living Housing (BG)
$210,000

A transitional housing program to assist individuals to gain necessary skills to live independently in the community. Clustered or near-by apartment units, with one unit occupied by a consumer assisted living specialist whose role is to serve as a mentor to and provide support for the other residents.

- Assisted housing sites served 171 unduplicated adults with 107 admissions and 117 discharges.

Consumer/Family Support Services (S/BG)
$537,890

To develop consumer and family advocacy and support services that offer emotional support, education, and information to consumers with mental illness and their families. Includes BRIDGES and Journey of Hope.

- BRIDGES conducted 34 classes to 546 consumers with 195 graduates.
- TMHCA provided consumer support groups serving 3,561 consumers.
- Consumer advocates responded to 718 individual consumer requests and provided 167 training events with 3,366 consumers trained in self-advocacy skills.
- NAMI-TN provided group support and education to 3,235 family members.
- “With Hope in Mind” curriculum was revised and 38 teachers retrained.
- “With Hope in Mind” teachers conducted 19 classes with 285 participants.

Co-Occurrence Project (S)
$354,000

Supports an integrated approach to case management services for adults with co-occurring disorders of substance use and mental illness.

- Quarterly average of persons served is 113 or 452 persons served.
- Quarterly and annual average of service recipients maintaining community tenure is 93%.
- Quarterly and annual average of service recipient satisfaction is 95%.

Supports an integrated approach to education and training on co-occurring disorders of substance use and mental illness.

- Educational activities were provided to 235 staff at the 5 RMHIs.
- A statewide conference on COD entitled "Working Together to Become Meth Free" was held in Nashville, with approximately 300 people in attendance.

Creating Homes Initiative (S/O)
$2,177,240

DMHDD’s Creative Housing Initiative (CHI) continues to expand. Units acquired range along a continuum from home ownership to supervised group housing options. A longitudinal research project to study the effect of stable, permanent housing on recovery was implemented, and baseline interviews were conducted with the study’s 200 subjects.

- Total of 4,887 units were created or improved since inception in February 2000.
- Over $120,000,000 leveraged for housing development.
- Addresses opposition to homes for people with mental illness in Tennessee neighborhoods through “A Place to Call Home” campaign.

Criminal Justice / Mental Health Liaison Projects (S/BG)
$849,600

Provides interventions for adults with mental illness or co-occurring disorders of mental illness and substance abuse who are in jail or at risk of being jailed and promotes collaborative educational efforts between CJ and MH systems.

- Provided services to 3,016 unduplicated consumers through 14,905 face to face and 9,983 phone contacts. Eighty-eight percent (88%) of contacts occurred in jails.
- Thirty-one percent (31%) of contacts were diverted from incarceration pre or post arrest.
- Diversion activities resulted in a quarterly average reduction of 68,762 days of incarceration.
- Seventy-four percent (74%) of consumers were linked with mental health services while in jail; 36% within five (5) days of entry date.
- Over 40% received release planning with 90% being linked with services upon release.
- Six-month recidivism rate (to jail in same county) was 5%.

Training and educational activities are an important part of the Liaisons' responsibilities. Each is assigned judicial districts in order for all counties to be offered training opportunities. Primary training activities for FY06 include:

- Via the Tennessee Correctional Institute, an independent jail training and inspection agency created by state law, provided training on mental health and mental illness to 490 correction officers, participating in 21 basic training events.
- To meet the DMHDD obligation in Tennessee Code Annotated, Title 33, Mental Health and Developmental Disabilities Law, provided Mental Health Crisis Management Training to 951 sheriffs' personnel and transportation agent staff through 63 quarterly trainings.
- Provided training and educational sessions to 2,086 additional persons including probation and parole staff, attorneys, mental health personnel, consumers, and family members.

Crisis Stabilization Unit (S/O)
$1,000,000

The CSU is a non-hospital facility-based service that offers twenty-four hour intensive mental health treatment and short-term stabilization (up to 72 hours) for those persons whose psychiatric condition does not meet the criteria for involuntary commitment to a psychiatric hospital or other treatment resource. The purpose of this site is to provide an alternative to inpatient psychiatric hospitalization and to divert service recipients, when clinically appropriate, from Moccasin Bend Mental Health Institute in Chattanooga.

- Served 600 admissions with an average daily census of 4.6.
- Average length of stay = 2.67 days.
- Only 3.83% of persons admitted required subsequent transfer to a psychiatric hospital.
- The percentage of CSU service recipients reporting CSU services as helpful was 91.8%.

Housing Within Reach (F)
$295,000

A federal Real Choice Systems Change grant project that establishes an access delivery system for coordinated housing information. A comprehensive Housing Within Reach website became active in April 2004 and is continuously updated to provide real time information on housing options availability, housing-related information for persons with disabilities and critical information for housing developers.

This project is sustained with state dollars to the www.housingwithinreach.org website and the four consumer housing specialists. The federal grant period has ended.

- During FY06 39,280 visitors to the website viewed 49,545 pages.
- Conducting a longitudinal evaluative research project of 200 consumers with serious mental illness or co-occurring mental illness and substance abuse disorders to determine effectiveness of appropriate housing on the recovery process.
- Project included a mass media campaign aimed at reducing the stigma of mental illness and misconceptions regarding community housing for persons with mental illness. Professionally produced 30-second television commercials aired on cable television in the four focus regions—Memphis, Jackson, Nashville, and Chattanooga.
- Provided final housing academy event (November 2006) with a total of 175 participants.

HUD & Permanent Housing (S)
$1,299,300
Congregate agency-administered group homes, and supported apartments. Allocation includes funding for support services and operating costs for 40 sites and 357 individual units of housing. (Includes three sites of permanent housing for the homeless.)

- Housed 58 consumers in Permanent Housing sites.
- Served 469 persons in HUD-supported group homes and independent apartments.

Independent Living Assistance (S)
$602,000
Subsidy to assist in getting and keeping housing, utilities, and needed medical, dental and eye care.

- Served 2,311 duplicated individuals and 1,243 unduplicated at 23 agencies.
- Subsidies provided assistance for the following needs: 45% rental supplement, 31% utility supplement, 11% rental deposit, 6% utility deposit, 6% dental care and 1% eye care.

Intensive Long-Term Support Program (S)
$787,800
This project provides for a variety of intensive supports and services that meet the individual needs of consumers discharged from a state psychiatric hospital to enable them to reside in a stable community placement with minimal re-hospitalization. Includes three group homes.

- Provided services to 84 individuals.
- Provides case management, clinical services, supervised housing and wraparound services as needed to maintain community tenure for adults with SPMI being discharged from inpatient care.

Older Adult Care Project (BG)
$280,000
Offers outreach to identify adults age 55 and over with serious mental health disorders and refer or offer mental health treatment and other mental health related services outside of the traditional mental health center. Collaborates with other older adult community services.

- Provided assessment, treatment and case management services to over 500 seniors.
- Conducted 56 wellness groups for seniors with 336 participants.
- Collaborated with 35 agencies providing services to seniors.

PASARR- Preadmission Screening and Annual Resident Review (F/O)
$1,000,000
The Nursing Reform Act of 1987 requires all admissions to Medicaid-certified nursing home admissions be screened for mental illness and/or mental retardation related conditions. The State of Tennessee's PASARR program is moving to further emphasize its resident review program to ensure adequate psychiatric services are delivered on an on-going basis once an individual is residing in a nursing facility. If indicated, further screening is performed to determine whether nursing home placement is appropriate or specialized services are needed.

- Completed 5,460 Level II screens.

PATH – Projects for Assistance in Transition from Homelessness (S/F)
$1,022,500
Program to provide outreach and case management services to adults with serious mental illness who are homeless or at risk of homelessness.

- Provided outreach contacts to 3,306 homeless adults.
- Provided homeless case management services to 2,037 adults with mental illness.
- Some 30% discharged to non-shelter living situations.
- Some 49% of discharges from program were transferred to other mental health providers.

Peer Support Centers (S/BG)
$4,697,615
A consumer-run peer support, education, and socialization program for adult consumers of mental health services.

- Unduplicated monthly average attendance was 3,284 with approximately 221,650 total visits statewide.
- Persons attending a Peer Support Center for the first time totaled 6,447.
- Centers sponsored 9,048 structured, social, support and community activities during the year.

(Note: Drop-in Centers were renamed Peer Support Centers in FY06 reflecting a new recovery focus with less emphasis on socialization and a greater emphasis on educational and support goals within the individual's personal recovery plan.)

SETH Regional Facilitators (S)
$520,900
Regional SETH facilitators provide regional support for efforts in consumer support services, education and employment initiatives, transportation options, and housing development and linking. A SETH facilitator serves in each of the seven mental health planning regions across the state.

Targeted Transitional Support (S)
$303,000
Funding to six agencies to provide necessary services to allow adults eligible for discharge to leave state hospitals until entitlements can be received. (Includes $42,000 targeted to forensic patients.)

- Assisted 843 persons (duplicated count) to be discharged from state psychiatric hospital care.
- Made 714 payments on behalf of discharged individuals: 77% housing, 10% medication, 2% mental health services, 4% transportation and 6% other needs.

Transportation (S)
$300,000
Funding to 14 CMHAs to assist with purchase and maintenance of vans for transportation of consumers to Peer Support Centers and planned activities.

- Approximately 80% of consumers responding to the annual Peer Support Center survey reported a reliance on center-provided transportation services in order to attend.

SERVICES – CHILDREN & YOUTH

RIP/AmeriCorps (F/OS)
$167,000
In the RIP/AmeriCorps project, members work in the Regional Intervention Programs (RIP) with the staff and children.

- Twenty (20) RIP/AmeriCorps members worked at three (3) RIP sites.
- Provided services to 202 children both at RIP sites and in home and community settings.
- Conducted seventeen (17) community presentations about RIP, and staffed RIP exhibits at six (6) community events.

BASIC-Better Attitudes and Skills in Children (BG/S)
$1,596,500
An elementary school-based mental health early intervention and prevention service that works with children grades K-8 to enhance awareness and capacity for response of school personnel to the mental health needs of children and to reduce the incidence of adolescent and adult mental health problems.

- Served 15,041 children and youth in 39 counties at 43 sites.
- Consultation, liaison and education services to 1,021 teachers.
- Identified 223 children with SED.

Child Care Consultation (S)
$163,000
The Child Care Consultation program provides mental health training and technical assistance services to childcare and early childhood centers across the three Grand Divisions of Tennessee.

- Provided training and technical assistance to 503 staff of 83 early childhood centers affecting 12,822 children.
- Provided mental health screening to 535 children.

Early Childhood Network (BG)
$145,000
A collaborative effort on the local level to identify and address the mental health needs of preschool through third grade children identified by families or community providers as SED or at risk of SED through a county-wide community system of care model.

- Served 28 children In Maury County. This model program served as the template for an awarded Federal grant proposal for a countywide System of Care for children up to age 21.
- Served 42 children in Rutherford County.

Education and Training - Erasing the Stigma/Kids on the Block (S)
$110,000
Promotes understanding of mental illness by providing education and information about mental health and mental illness to children and youth. Public awareness activities are presented to forums of youth and adults with the goal of promoting knowledge about mental health and reducing stigma.

- Total of 784 Kids on the Block and Erasing the Stigma presentations given.
- Some 64,430 adults and children attended presentations.

Family Support and Advocacy (BG)
$337,959
TN Voices for Children provides for a variety of education, support and outreach services regarding children with SED to parents and professionals across the state. Newsletters, a library service and Internet site are also available.

- Provided fourteen (14) support groups with 232 parent and caregiver participants.
- Parent contacts = 6173; professional contacts = 6,662.
- Provided support and advocacy services to 924 families with 375 children and youth.
- Family outreach specialists gave 111 presentations to 3,897 participants.

Homeless Outreach Project (S)
$217,000
Provided outreach and case management to 1,430 families with children who are homeless to identify and refer those children and youth with SED or at risk of SED.

- Referred 239 homeless families to appropriate services through outreach.
- Provided case management services to 322 families with 648 children.
- Assisted 54% of families to secure permanent housing.
- Ninety-one percent (91%) of adults referred for educational or vocational training accessed these services.
- Sixty-one percent (61%) of parents referred for mental health evaluation received treatment.
- Sixty-eight percent (68%) of children referred for mental health evaluation received treatment.
- Twenty-six percent (26%) of children referred for EPSDT.
- Twenty-two percent (22%) of children identified as SED through project services.

Jason Foundation (BG)
$77,500
Provides a youth suicide prevention curriculum in middle and high schools across the state as well as for churches and other community organizations that work with children.

- Added 55 new locations in fourteen (14) counties.
- Total sites to date is 622, impacting an estimated 174,889 students.
- Total community organizations using JFI = 268
- Parent/Teacher Seminars presented to 4,300 (est.) teachers and parents.
- Youth Seminars presented to 764 students.

Memphis Respite Voucher Program (S/BG)
$98,303
The Memphis Respite Voucher Program is a respite subsidy program operating only in Memphis/Shelby County. This program provides vouchers to enable families, whose children have either SED or DD, to purchase respite.

- Provided respite vouchers to 75 families.

Mental Health 101 (BG)
$60,000
Provides educational and support services for children of parents with serious mental illness and a mental health curriculum for middle and high school students.
- Provided a training program for children's support group facilitators from across the state.
- Provided 122 Mental Health 101 presentations in 35 schools to 6,582 students.

NAMI-Visions for Tomorrow (BG)
$47,500
A program that provides education for families of children with SED, utilizing a train-the-trainer model, to empower parents and guardians to become advocates for their children.
- Eleven (11) courses held in each of three (3) grand regions with 65 recipients – 50 recipients were graduated (77%).
- Conducted thirteen (13) Visions for Tomorrow Professional presentations to 483 educators and other non-mental health professionals.

Nashville Connection System of Care (F)
$798,838
A federal grant, supplemented with state dollars to provide a state infrastructure and on-going evaluation for a system of care for services to children and youth.
- Provided 5 Family Service Coordinators to work with 200 families, provides support and advocacy as well as navigating the systems and getting needed service.
- Conducted sixty (60) child and family team meetings.
- Provides continuous data entry and analysis of data collected from youth and families.
- Participated with other vendors (DMHDD, DCS, etc) to coordinate resources, provide support, and strategize for sustainability.

PEER Power-Prevention Education Enhances Resiliency (F)
$100,000
Grant program for grades 4-8 that strengthens youth resiliency through social skill enhancement.
- Provided PEER Power services in 38 classrooms in 7 counties in Middle TN.
- Provided 822 hours of direct classroom services with 17,000 contacts.
- Pre/post test results = 65% reduction in discipline referrals; 90% improvement in student behavior in at least one or more problem areas, and 90% overall positive student satisfaction.

Planned Respite (S/BG)
$670,712
- Provided respite services to families of children identified with SED, or dually diagnosed with SED and mental retardation, who are ages two through fifteen.
- Provided planned respite services to 234 families for 299 children.

Regional Intervention Program-RIP (S)
$990,041
A behavioral skills training program designed for the early treatment of children under age six with moderate to severe behavior disorders and their caregivers.
- RIP served 518 children from 469 families.

Renewal House – Strengthening Families (S/BG)
$25,027
Renewal House offers residential care for addicted women and their children. Funding allows for on site early intervention, prevention, and counseling services to these children at high risk of serious emotional disturbances or substance abuse when no other payer source exists to access services.

- Fifty-three (53) children received on site therapeutic services.

School-Based Mental Health Liaisons (OS)
$100,000
Funded by the Department of Education in collaboration with DMHDD, provides two full time mental health liaisons for the Davidson County School System. (This is a continuation of a service previously provided under the Nashville Connection System of Care grant.)

TN Respite Network (S)
$88,175
The Tennessee Respite Network (TRN) is a statewide Respite Information and Referral service for families of children with SED developmental disabilities. This service operates a toll-free phone line and utilizes a computer database of respite resources available. TRN also trains respite providers across the state, and administers a respite subsidy program for families of children with SED who are on TennCare.

- TRN answered 1,587 calls for information and gave referrals to 279 families and 1,178 professionals.
- Approximately 263 families were served through the TennCare BHO respite subsidy program.
- Twenty-three (23) persons successfully completed the RPT training course.

SERVICES – GENERAL

All-Hazards Disaster Response Training (S)
$13,000
Funding to provide for certified courses in critical incident stress management (CISM) for peer first responders and behavioral health providers on CISM teams across the state.

- Trained 81 individuals – 14 in Individual/Peer Crisis Intervention, 20 in Advanced Group Crisis Intervention, and 47 in Suicide Prevention, Intervention and Postvention.
- Break-out of participants by discipline: 42% first responders (EMS, Fire), 55% mental health staff, and 3% other.

Cultural Competency (S/BG)
$39,200
The cultural and linguistic competence initiative is an educational, awareness building, and competency based program to enhance agency and professional awareness of the impact of culture on positive outcomes of mental health services. The goal is to assure culturally and linguistically appropriate services that improve access, remove barriers, and eliminate disparities in the care received by racial, ethnic minorities, and other undeserved groups.

- Provided two-day mental health training events to 17 interpreters.
- 71 professionals attended seminars on “How to Work with an Interpreter”.
- Maintains a web based list of interpreters available by county.
- Provided information and direction on the importance of an interpreter certification process.

Data Infrastructure Grant (S/F)
$142,000
Year two SAMHSA Community Mental Health Data Infrastructure Grant goals were to develop a service recipient survey project that would provide:

- a measure of effectiveness and accountability in service delivery
- "point-in-time" measures on individual and collective outcomes measurements
- a flexible survey tool to reflect changes in domains of interest and include improved measurement scales as developed
- Identification of service population needs for targeted planning initiatives at the agency, regional and/or state level
- cross-walking of services received and outcomes reported to determine best practices and most cost-effective service packages for targeted populations
- data required for National Outcome Measures reporting

The Tennessee Outcomes Measurement Systems (TOMS) was developed in collaboration with TAMHO and necessary policies and procedures put in place to pilot the project at five agencies.

TOMS is:

- a computerized survey collection and analysis system for persons receiving behavioral health services through community mental health contract agencies
- based on the completion of an age appropriate survey instrument: Family Survey for children ages 5-12; Youth Survey for youth ages 13-17; and Adult Survey for ages 18 and over
- conducted within 30 days of intake, at three months, six months and then annually by all willing agency service recipients

Emergency Response Capacity Grant (F)
$75,000
A SAMHSA grant to enhance state-level capacity for a coordinated response to behavioral health service needs in the aftermath of large-scale emergencies through development of a collaborative infrastructure and county response plans. Over the nearly three years of the grant, eleven part-time staff worked within 82 counties to initiate letters of agreement, develop mutual aid plans, and provide resource access information and response protocols to build collaborative community partnerships with local emergency management, local emergency planning committees, red cross chapters, first responders, local government, and other community providers.

- A Disaster Response Coalition was developed in the Knoxville area.
- Grant activities greatly facilitated collaborative responses in response to the influx of Katrina evacuees in September 2005.
- Grant ended May 31, 2006.

Forensic Evaluations – Inpatient (S)
$23,469,750
Adult criminal court and juvenile court evaluations for competency to stand trial and/or to assess mental status at the time of the offense for persons whose evaluation cannot be completed on an outpatient basis.

- State psychiatric hospitals and three (3) other hospitals or residential service entities provide inpatient evaluation services.
- Provided Forensic Certification to 74 psychiatric hospital staff and 11 mental retardation staff.
- Provided 463 adult inpatient forensic evaluations.
- Provided 659 juvenile inpatient evaluations.

Forensic Evaluations – Outpatient (S)
$1,165,950
Adult criminal court and juvenile court evaluations for competency to stand trial and/or to assess mental status at the time of the offense for persons in jail or in the community.

- Nine (9) community mental health agencies were contracted to provide forensic evaluations for the court.
- Provided Forensic Certification to 24 community mental health professionals.
- Provided 2,203 adult outpatient forensic evaluations.
- Provided 61 juvenile outpatient evaluations.

Forensic Targeted Transitional Support (S)
$84,000
Forensic targeted transitional funding is used to bridge the gap from discharge of a forensic service recipient to a community agency when the individual is not able to obtain benefits until after discharge. These benefits might include TennCare, Social Security Benefits or other funding that cannot be accessed until after discharge.

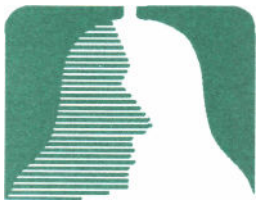
- Approximately 86% of funds were expended to attain and maintain discharge for 12 adults.

TN Suicide Prevention Network (S)
$146,000
The Tennessee Suicide Prevention Network (TSPN) is a statewide coalition of agencies, advocates and consumers developed to oversee the implementation of strategies to eliminate/reduce the incidence of suicide across the life span, to reduce the stigma associated with suicide, and educate communities throughout the state about suicide prevention and intervention.

- Established and coordinated eight (8) Regional Suicide Prevention Network groups. During FY06, these groups held seventy-two (72) meetings with an average of 225 participants per meeting.
- Coordinated development of four (4) Regional Suicide Prevention Conferences.
- Maintains an information website with additional activities at www.tspn.org.

Funding Codes:	S = State DMHDD Budget BG = CMHS Block Grant F = Federal Grant O = Other State or Interdepartmental OS = Other State Department Funding
Funding Note:	Dollar figures shown are amounts originally allocated for FY06 and may not match total expenditure amounts in any one service/program/project or add up to total dollars spent.

Full detailed reports are available for some service programs upon request to TDMHDD.
Questions or requests may be directed to:
Carol M. Kardos, Office of Recovery Services and Planning
425 Fifth Avenue, N., CHB-5, Nashville, TN 37243
615-532-6767



Mental Health Association
of East Tennessee
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November 27, 2006

Ms. LouEllen M. Rice
Grants Management Officer
Division of Grants Management
SAMHSA
One Choke Cherry Road, Room 7-1103
Rockville, MD 20850

Dear Ms. Rice:

The Tennessee Mental Health Planning & Policy Council reviewed the 2006 Community Block Grant Implementation Report on line and via email beginning the first week of August 2006. Implementation review and comments from Council members were discussed at our last quarterly meeting held on November 17, 2006.

Very little feedback was received from Council members about the Implementation Report. It was recommended that more information about services to the deaf and hard of hearing, including frequency of the use of deaf interpreters be made available.

As you know, these continue to be trying times in Tennessee as TennCare (Medicaid) has been transformed via reduction of enrollees and benefits. Both of these measures have placed stress upon community and mental health resources. However, Tennessee has a reputation of rising to meet significant challenges and from TennCare transformation the Mental Health Safety Net has risen to continue to provide basic mental health services to more than 14,500 SPMI adults who lost TennCare eligibility through TennCare waiver reform. I am quite proud of the Department of Mental Health, community providers and stakeholders for their collaboration in ensuring basic mental health needs of the SPMI disenrollees are met.

Thank you and SAMHSA for your continued support of all we do in Tennessee. Please feel free to call on me at 865-584-9125 should you have any questions in this regard.

Sincerely,
Benjamin T. Harrington
Chairman, Tennessee Mental Health Planning
& Policy Council

Executive Director, Mental Health Association of East Tennessee

Tennessee

Explanations for the Implementation Report

Upload revisions for the Implementation Report

Tennessee

Explanations for the Implementation Report History

History of Uploaded revisions for the Implementation Report